

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
401 E St, SW, Sixth Floor  
Washington, D.C. 20024

Roger A. Mitchell, Jr., M.D., FASCP  
Chief Medical Examiner

202-698-9001 (Office)  
202-698-9101 (Fax)

February 5, 2018

The Honorable Charles Allen  
Chairman, Committee on the Judiciary and Public Safety  
Council of the District of Columbia  
The John A. Wilson Building  
1350 Pennsylvania Avenue, N.W.  
Suite 110  
Washington, D.C. 20004

Dear Chairman Allen:

Please find below the Office of the Chief Medical Examiner (OCME) responses to questions forwarded by the Committee on the Judiciary and Public Safety in preparation for the upcoming performance oversight hearing. Should you have any questions or need additional information, please do not hesitate to contact us.

General Questions

1. Please provide a current organizational chart for the agency, including the number of vacant, frozen, and filled positions in each division or subdivision. Include the names and titles of all senior personnel, and note the date that the information was collected on the chart.

See Attachment A for a copy of the current organization chart for the agency.

- a. Please provide an explanation of the roles and responsibilities of each division and subdivision.

Offices of the Chief & Administration Division

The Office of the Chief is responsible for oversight of the operational and programmatic functions of the OCME, including establishing the vision and mission for the organization. The Office of Administration provides administrative services and support to the staff of the OCME. These services include personnel management (timekeeping, training and educational development, and labor relations); contracting and procurement; risk, fleet, property and financial management; information technology; legal services; communications; and agency performance management.

### Death Investigation Division

The Death Investigation Division includes:

- a) forensic pathology, which involves conducting decedent examination, certifying the cause and manner of death and providing that information to next of kin and law enforcement, as well as designated government entities and other interested parties;
- b) forensic investigation includes scene response, information gathering, medical records review, and provision of information to aid in the determination of the cause and manner of death;
- c) anthropology and identification unit, which administers the agency's Decedent Identification Program, ensuring that identifications are made in an accurate and efficient manner;
- d) a histology laboratory, which processes samples of tissue in support of cause and manner of death findings;
- e) mortuary services, which provides body disposition and autopsy support to forensic pathology staff and the funeral industry; and
- f) the medical examiner transport team, which ensures timely response and removal of decedents from scenes, homes, and hospitals for examination and disposition by the OCME.

### Forensic Toxicology Laboratory Division

The OCME Forensic Toxicology Laboratory maintains industry standards of practice for the detection, identification and quantitation of alcohol, drugs, and other toxins in biological specimens. The Laboratory provides scientific support services to post-mortem testing, driving under the influence testing, and drug-facilitated sexual assault testing so that the agency may provide accurate death investigation and certification information in a timely manner to next of kin, law enforcement agencies, legal counsel, and the community when required. The Forensic Toxicology Laboratory Division also administers the District's Breath Program.

### Fatality Review Program Division

The Fatality Review Program reviews the circumstances of the deaths of individuals within certain populations, including their interaction with District government services. The purpose of the reviews is to provide analysis and recommendations to the public and District entities serving defined populations, so they can address systemic problems, provide better services, and be held accountable. The Fatality Review Division currently supports four Fatality Review Committees: the Child Fatality Review Committee (CFRC); Developmental Disabilities Fatality Review Committee; Maternal Mortality Review Committee; and Violence Fatality Review Committee.

- b. Please provide a narrative explanation of any changes to the organizational chart made during the previous year.

### Mortuary Unit

While the Medical Examiner Transport Team (METT) concept was implemented starting in 2017, it was not included as a separate structural unit within the organizational chart

until FY2018. During this time period, the agency met with the Department of Human Resources (DCHR) to request a supervisory position within the unit with. This was implemented and, in October 2018, a Supervisory Forensic Mortuary Technician was hired to manage the unit of twelve forensic mortuary technicians. The implementation of the METT concept has provided the District the ability to become self-sufficient in body transport without depending on any one vendor. In addition to the services that were provided by the former vendor, which only included body transport, an in-house METT allows OCME to perform: fleet maintenance, decedent intake and release, fatality management response and logistics, post-mortem radiology support, supply inventory and tracking, and mortuary QA/QC processes. Furthermore, the formation of the METT fulfills the standards established by National Association of Medical Examiner (NAME) Accreditation Guidelines for proper body handling during day-to-day case response, as well as in a mass fatality event.

#### Fatality Review Unit

The Fatality Review Unit has been expanded in FY2019 to include two additional reviews. The Maternal Mortality Review Committee has been established to analyze pregnancy related and pregnancy-associated deaths in order to improve maternal health outcomes, however, MOTA has yet to appoint any members. The Violence Fatality Review Committee's purpose is to review both homicides and suicides in the District in order to improve policy surrounding violence prevention and systemic issue identification.

2. Please provide a current Schedule A for the agency which identifies each position by program and activity codes, with the employee's name, title/position, salary, fringe benefits, and length of time with the agency. Please note the date that the information was collected. The Schedule A should also indicate if the position is continuing/term/temporary/contract or if it is vacant or frozen. Please separate salary and fringe and indicate whether the position must be filled to comply with federal or local law.

See Attachment B.

3. Please list all employees detailed to or from your agency. For each employee identified, please provide the name of the agency the employee is detailed to or from, the reason for the detail, the date of the detail, and the employee's projected date of return.

The agency has no employees detailed to or from it at this time.

4. Please provide the Committee with:
  - a. A list of all vehicles owned, leased, or otherwise used by the agency and to whom the vehicle is assigned, as well as a description of all vehicle collisions involving the agency's vehicles in FY18 and FY19, to date; and

UNIT ASSIGNED	TAG NUMBER	MAKE	MODEL	YEAR	Accidents
ADMIN	DC 3866	FORD	EXPLORER Sport Trac	2005	NONE
ADMIN	DC 6270	CHEV	UPLANDER	2007	NONE
MORTUARY	DC 3882	CHEV	VAN XPRES	2005	2/4/18 (Another vehicle involved; Both vehicles had disabling damage)
MORTUARY	DC 3883	CHEV	VAN XPRES	2005	7/8/18 (minor, no injuries, no other vehicle involved)
MORTUARY	DC 7323	CHEV	VAN XPRES	2009	NONE
MORTUARY	DC 7324	CHEV	VAN XPRES	2009	NONE
INVESTIGATIONS	DC 1338	FORD	EXPLORER	2002	NONE
INVESTIGATIONS	DC10929	FORD	EXPLORER	2017	2/15/18 (agency driver struck wall; minor damage; no injuries)
INVESTIGATIONS	DC10930	FORD	EXPLORER	2017	2/4/18 (agency driver hit a fence; minor damage; no other vehicle involved);  11/7/18 (agency driver backed

					vehicle into another vehicle; minor damage to both vehicles; no injuries)  12/2/18 (agency vehicle had disabling damage due to a hit and run by another vehicle; no injuries)
Emerg. Management	DC10917	FORD	F-350	2017	NONE
Emerg. Management	DC11347	Freightliner	Mobile Command	2013	NONE
Emerg. Management	DC11632	FORD	EXPLORER	2017	NONE
<b>INVESTIGATIONS</b>	DC12879	FORD	EXPLORER	2017	9/11/17 (minor; no injuries)
<b>MORTUARY</b>	DC12822	Chevy	Express	2017	NONE
Emerg. Management	DC11006	Box Trailer 1	trailerlogic	2017	NONE
Emerg. Management	DC11007	Box Trailer 2	trailerlogic	2017	NONE
Emerg. Management	DC11008	Box Trailer 3	trailerlogic	2017	NONE
Emerg. Management	DC11009	Box Trailer 4	trailerlogic	2017	NONE
Emerg. Management	DC11782	logistics trailer 1	trailerlogic	2017	NONE
Emerg. Management	DC11781	logistics trailer 2	trailerlogic	2017	NONE
Emerg. Management	N/A	Logistics trailer 3	Trailerlogic	2018	NONE
Emerg. Management	N/A	Logistics trailer 4	Trailerlogic	2018	NONE
	N/A	Chevy	Express Van 3500	2018	NONE
	N/A	Chevy	Express Van 3500	2018	NONE
	DC12575	Dodge	Grand Caravan	2018	NONE
	DC12576	Dodge	Grand Caravan	2018	NONE

Note that two of the Chevy vehicles do not have license plate numbers as they are newly procured.

- b. A list of travel expenses, arranged by employee for FY18 and FY19, to date, including the justification for travel.

PUBLIC SAFETY AND JUSTICE AGENCY FY 2018 BY EMPLOYEE Office of the Chief Medical Examiner (FX0)							
Agency Code	Fiscal Year	Employee Name	Position Title	Description	Justification	Expense Amount	Fund
FX0	2018	Chikarlo Leak	Forensic Epidemiologist	American Public Health Annual Meeting	Professional Training	\$2,217.07	Grant
FX0	2018	Jacqueline Corbin-Armstrong	Fatality Review Specialist	2017 March of Dimes Annual Tri-State Prematurity Summit	Professional Training	\$40.00	Local
FX0	2018	Samantha Tolliver	Deputy Chief Toxicologist	Forensic Pharmacology Course	Professional Training	\$750.00	Grant
FX0	2018	Roger Mitchell, Jr.	Chief Medical Examiner	Clark County Medical Examiner Mass Fatality Briefing	Professional Training	\$1,029.74	Grant
FX0	2018	Donell Harvin	Emergency Management Health & Safety Officer	Clark County Medical Examiner Mass Fatality Briefing	Professional Training	\$995.15	Grant
FX0	2018	Michael Coleman	Chief Information Officer	Clark County Medical Examiner Mass Fatality Briefing	Professional Training	\$1,020.15	Grant
FX0	2018	Elizabeth Betts	Supervisory Forensic Pathologist Assistant	2018 Masters Series for Distinguished Leaders	Professional Training	\$5,000.00	Local
FX0	2018	Lucas Zarwell	Chief Toxicologist	2017 Society of Forensic Science Annual Meeting	Professional Training	\$2,060.01	Grant
FX0	2018	Ciena Bayard	Forensic Toxicologist	2017 Society of Forensic Science Annual Meeting	Professional Training	\$2,223.50	Grant
FX0	2018	Sophia Braithwaite	Forensic Toxicologist	2018 Society of Forensic Science Annual Meeting	Professional Training	\$2,544.92	Grant
FX0	2018	Vivian Nwachukwu	Forensic Toxicologist	2018 Society of Forensic Science Annual Meeting	Professional Training	\$2,354.06	Grant
FX0	2018	Katherine Benzio	Forensic Toxicologist	2018 Society of Forensic Science Annual Meeting	Professional Training	\$2,516.77	Grant
FX0	2018	Jennifer Love	Forensic Anthropologist	American Academy of Forensic Science Scientific Meeting	Professional Training	\$2,883.28	Grant
FX0	2018	Kristinza Giese	Deputy Medical Examiner	American Academy of Forensic Science Scientific Meeting	Professional Training	\$2,963.30	Grant
FX0	2018	Anna Francis	Records Manager	Internal Auditing to ISO/IEC 17020 Training by ANAB	Professional Training	\$850.00	Local
FX0	2018	Jennifer Love	Forensic Anthropologist	Organization of Scientific Area Committee Anthropology Subcommittee Meeting	Professional Training	\$973.48	Donation
FX0	2018	Roger Mitchell, Jr.	Chief Medical Examiner	National Association of Medical Examiners Annual Meeting	Professional Training	\$2,548.19	Grant
FX0	2018	Roger Mitchell, Jr.	Chief Medical Examiner	24th Annual Scientific Assembly	Professional Training	\$510.86	Donation
FX0	2018	Michael Kuhn	QA/QC Program Manager	Certified Quality Auditor-Certification Preparation Course	Professional Training	\$799.00	Grant
FX0	2018	Roger Mitchell, Jr.	Chief Medical Examiner	RTI International DOJ Statistics 2018 Census Meeting	Professional Training	\$186.77	Donation
FX0	2018	Kiran Chopra	Breath Alcohol Program Manager	International Association for Chemical Testing	Professional Training	\$1,712.01	Local
FX0	2018	Roger Mitchell, Jr.	Chief Medical Examiner	National Medical Association Region III Spring Conference	Professional Training	\$1,460.44	Donation
FX0	2018	Chikarlo Leak	Forensic Epidemiologist	NVDRS Grantee Meeting	Professional Training	\$1,140.53	Grant
FX0	2018	Kamalia Blunt	Staff Assistant	NVDRS Grantee Meeting	Professional Training	\$1,238.87	Grant
FX0	2018	Charis Wynn	Forensic Toxicologist	Robert F. Borkenstein Course on Alcohol and Highway Safety	Professional Training	\$2,834.33	Grant
FX0	2018	Rachael Landrie	Forensic Photographer	Forensic Ultra Violet & Infrared Photography Course	Professional Training	\$1,544.19	Grant

Agency Code	Fiscal Year	Employee Name	Position Title	Description	Justification	Expense Amount	Fund
FX0	2018	John Fudenberg	Clark County Coroner	DC OCME 2018 Mass Fatality Management Disaster Identification Symposium	Professional Training	\$975.60	Local
FX0	2018	Lawrence Waters	Forensic Autopsy Assistant	Introduction to Fingerprint Science and Ten Prints	Professional Training	\$1,752.44	Local
FX0	2018	Francisco Diaz	Deputy Chief Medical Examiner	University of Ottawa Annual Conference in Forensic Pediatric Pathology	Professional Training	\$1,643.52	Grant
FX0	2018	Chikarlo Leak	Forensic Epidemiologist	2018 Enhanced State Opioid Overdose Surveillance Grantee Meeting	Professional Training	\$983.45	Grant
FX0	2018	Tiffany Murrell	Forensic Investigator	2018 International Association of Coroners & Medical Examiners Annual Training & Symposium	Professional Training	\$2,157.84	Grant
FX0	2018	Kristinza Giese	Deputy Medical Examiner	National Medical Association Annual Meeting	Professional Training	\$2,197.46	Local
FX0	2018	Roger Mitchell, Jr.	Chief Medical Examiner	National Medical Association Annual Meeting	Professional Training	\$2,481.90	Grant
FX1	2018	Kiran Chopra	Breath Alcohol Program Manager	Forensic ISO/IEC 17025 Assessor Training (Calibration)	Professional Training	\$895.00	Local
FX2	2018	Francisco Diaz	Deputy Medical Examiner	US DOJ Legal Medicine Office of Costa Rica Investigations Department Training	Professional Training	\$744.01	Grant
FX3	2018	Toya Byrd	Fatality Review Staff Specialist	Business Writing and Grammar Skills	Professional Training	\$299.00	Grant
FX4	2018	Anna Francis	Records Manager	ARMR Orlando 2017	Professional Training	\$1,990.68	Local
<b>AGENCY GRAND TOTAL</b>						<b>\$58,973.33</b>	



**PUBLIC SAFETY AND JUSTICE AGENCY  
FY 2019 BY EMPLOYEE  
Office of the Chief Medical Examiner (FX0)**

Agency Code	Fiscal Year	Employee Name	Position Title	Description	Justification	Expense Amount	Fund
FX0	2019	Chikarlo Leak	Forensic Epidemiologist	NAME Annual Meeting: MIMIC Abstractor Training Grantee Meeting	Professional Training	\$699.72	Grant
FX0	2019	Chikarlo Leak	Forensic Epidemiologist	2018 Annual Public Health Association's Annual Meeting	Professional Training	\$2,299.05	Grant
FX0	2019	Tracie Martin	Fatality Review Program Specialist	Howard University School of Social Work Multidisciplinary Gerontology Center Elder Opioid and Substance Use Disorder	Professional Training	\$80.00	Local
FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	NY State Attorney General Special Investigations and Prosecutions Unit Annual Training	Professional Training	\$368.39	Donation
FX0	2019	Michael Coleman	Chief Information Officer	2019 Masters Series for Distinguished Leaders Program	Professional Training	\$5,000.00	Local
FX0	2019	Chantel Njiwaji	Deputy Medical Examiners	American Academy of Forensic Science Annual Meeting	Professional Training	\$900.00	Grant
FX0	2019	Kimberly Golden	Deputy Medical Examiners	American Academy of Forensic Science Annual Meeting	Professional Training	\$710.00	Grant
FX0	2019	Kristinza Giese	Deputy Medical Examiners	American Academy of Forensic Science Annual Meeting	Professional Training	\$910.00	Grant
FX0	2019	Daniel Morgan	Supervisory Medicolegal Investigator	American Academy of Forensic Science Annual Meeting	Professional Training	\$350.00	Grant
FX0	2019	Jennifer Love	Forensic Anthropologist	American Academy of Forensic Science Annual Meeting	Professional Training	\$425.00	Grant
FX0	2019	Bryan Ruggery	Forensic Toxicologist	2018 Society of Forensic Toxicologist Meeting	Professional Training	\$2,763.33	Grant
FX0	2019	Charis Wynn	Forensic Toxicologist	2018 Society of Forensic Toxicologist Meeting	Professional Training	\$2,927.47	Grant
FX0	2019	Danylle Kightlinger	Forensic Toxicologist	2018 Society of Forensic Toxicologist Meeting	Professional Training	\$2,706.33	Grant
FX0	2019	Samantha Tolliver	Deputy Chief Toxicologist	2018 Society of Forensic Toxicologist Meeting	Professional Training	\$2,904.00	Grant
FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	2018 NAME Annual Meeting	Professional Training	\$3,020.81	Grant
FX0	2019	Sasha Breland	Deputy Medical Examiners	2018 NAME Annual Meeting	Professional Training	\$2,416.62	Grant
FX0	2019	Kimberly Golden	Deputy Medical Examiners	2018 NAME Annual Meeting	Professional Training	\$2,136.59	Grant
FX0	2019	Chantel Njiwaji	Deputy Medical Examiners	2018 NAME Annual Meeting	Professional Training	\$2,103.25	Grant
FX0	2019	Tracie Martin	Fatality Review Program Specialist	Opioids & Marijuana Managing the Nationwide Emergency	Professional Training	\$84.00	Local
FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	Belizean Government Medicolegal Death Investigations Training	Professional Training	\$621.50	Donation
FX0	2019	Lucas Zarwell	Chief Toxicologist	The ASCLD and NAAG Recovery	Professional Training	\$693.00	Donation
FX0	2019	Jennifer Love	Forensic Anthropologist	Institute of Forensic Science of PR- Recovery	Professional Training	\$1,813.28	Grant
<b>AGENCY GRAND TOTAL</b>						<b>\$35,932.34</b>	

5. For FY18 and FY19, to date, please list all intra-District transfers to or from the agency and the purpose for each transfer.

OFFICE OF THE CHIEF MEDICAL EXAMINER (FX0)			
Fiscal Year 2018 intra - District Transfers			
as of 09/30/2018			
FY 2018 Intra-District Summary - SELLER			
OFFICE OF THE CHIEF MEDICAL OFFICER (FX0)			
BUYING AGENCY	DESCRIPTION OF SERVICES PROVIDED	FUNDING RECEIVED	FUNDING DUE
Office of Justice Grants Administration (FO0)	DDOT Driving Impair	282,128.00	-
Office of Justice Grants Administration (FO0)	Information Sharing & Collaboration	63,176.00	-
Office of Justice Grants Administration (FO0)	Male Survivors Advisory Board Support	101,966.00	-
Office of Justice Grants Administration (FO0)	Victim Reporting	236,653.00	-
Office of Justice Grants Administration (FO0)	Fatality Mgmt Logistics & Equip Cache	70,000.00	-
<b>TOTAL</b>		<b>\$ 753,923.00</b>	<b>\$ -</b>

6. For FY18 and FY19, to date, please identify any special purpose revenue funds maintained by, used by, or available for use by the agency. For each fund identified, provide:

- a. The revenue source name and code;
- b. The source of funding;
- c. A description of the program that generates the funds;
- d. The amount of funds generated by each source or program;
- e. Expenditures of funds, including the purpose of each expenditure; and
- f. The current fund balance.

There is no special purpose revenue in FY18 and FY19, to date, maintained by, used by, or available for use by the agency.

7. For FY18 and FY19, to date, please list any purchase card spending by the agency, the employee making each expenditure, and the general purpose for each expenditure.

See Attachment C.

8. Please list all memoranda of understanding (“MOU”) entered into by your agency during FY18 and FY19, to date, as well as any MOU currently in force. For each, indicate the date on which the MOU was entered and the termination date.

Fiscal Year	Agency	Subject	Start and End Duration
FY19	OVSJG-OCME	Grant to improve the quality and timeliness of forensic science and medical examiner services \$135,980	Jan. 1, 2019 to Dec. 31, 2019
FY19	DC Health-OCME	Memorandum of Agreement to share fatal opioid overdose data for the District’s dashboard	Oct. 1, 2018 to Sept. 30, 2020
FY19	DC Health-OCME	Grant to participate in the National Violent Death Reporting System (NVDRS) that provides grant funding to OCME in the amount of \$96,000 to fund an FTE and annual report	Oct. 1, 2018 to Sept. 30, 2019 (pending final DC Health signature)
FY19	FEMS-OCME	Secure parking and staging space to prepare for and respond to mass fatality incidents	Oct. 1, 2018 to Sept. 30, 2019
FY19	DDOT-OCME	Funding via the National Highway and Traffic Safety Administration (NHTSA) in the amount of \$325,213.87 for OCME to improve toxicological investigations of drug and alcohol impaired driving in the District	Oct. 1, 2018 to Sept. 30, 2019
FY19	OVSJG-OCME	Grant funding for OCME to provide DFSA testing services to MPD and DC SANE in the amount of \$247,790	Oct. 1, 2018 to Sept. 30, 2019
FY19	DC Health - OCME	Public Health Crisis Response data collection on accidental overdose deaths – Grant funding to OCME \$1,328,983.00	Oct. 1, 2018 to Sept. 30, 2019
FY19	DC Health-OCME	Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality Program – Grant funding to OCME \$143,466.49	Oct. 1, 2018 to Sept. 30, 2019
FY19	UDC-OCME	Support for UDC Mortuary Science Program	Jan. 28, 2018 to Dec. 31, 2019
FY18	DCHR – OCME	MOU for suitability related services	Oct. 1, 2017 to Sept. 30, 2018
FY18	OVSJG-OCME	Agreement for OCME to produce a draft of a Male Survivor’s/Violence Fatality Review Board	Oct. 1, 2017 to Sept. 30, 2018
FY18	GW-OCME	Internship Agreement	July 1, 2017 to June 30, 2022
FY17	HUH Clinical Education - OCME	Clinical Education Affiliation Agreement	Aug 30, 2017 to Aug 30, 2020
FY16	NMHM-OCME	Unidentified Skeletal Remains	May 16, 2016 to September 30, 2025
FY16	NMHM-OCME	Review & Consultation Services - Anthropology	May 16, 2016 to September 30, 2025
FY16	DFS-OCME	Parking at PHL Annex	April 25, 2016 until

			terminated
FY16	GW-OCME	Faculty/Education	April 5, 2016 to June 3, 2020
FY16	DDOT-OCME(Tox)	Traffic Safety Information System (TSIS) Participant	Oct. 2015 to Oct. 2020
FY15	CIA-OCME(Tox)	Toxicology Testing	Aug. 2015 to Aug. 2020
FY14	DOH-OCME	IRB Review	April 28, 2014 to April 28, 2019
FY14	DOJ-ICITAP-OCME	Training and Teaching	July 3, 2014 to July 3, 2019

9. Please summarize and provide the status of all existing capital projects and those in the financial plan, including a brief description, the amount budgeted by fiscal year, actual dollars spent, and any remaining balances (by type of funds). In addition, please provide:
  - a. An update on all capital projects concluded in FY17, FY18, and FY19, to date, including the amount budgeted, actual dollars spent, any remaining balances, and whether the project had an impact on the operating budget of the agency. If so, please provide an accounting of such impact.

OFFICE OF THE CHIEF MEDICAL EXAMINER (FX0) - CAPITAL PROJECT STATUS								
PROJECT NUMBER	PURPOSE	STATUS	AMOUNT	COMMITTED	FUNDS AVAILABLE	START DATE	COMPLETION DATE	PLANNED SPENDING FOR FUNDS AVAILABLE
AA416C			613,266.81	613,266.81	0.00			
AA517C			1,267,849.23	1,267,849.23	0.00			
FX0FRC			1,475,000.00		1,475,000.00			
FX0VRC			115,000.00	38,726.00	76,274.00			
FXEERC			1,500,000.00	10,718.00	1,489,282.00			
VRPVRC			275,000.00		275,000.00			
HY502C			3,852,535.70	3,852,535.60	0.10			
	<b>TOTAL FUNDING</b>		<b>\$ 9,098,651.74</b>	<b>\$ 5,783,095.64</b>	<b>\$3,315,556.10</b>			

Expenditures in FY 2015	Allotments in FY 2016	Expenditures in FY 2016	Allotments in FY 2017	Expenditures in FY 2017	LTD Expenditures	Unspent Allotments	Encumbrances	Pre Encumbrances	IDA Advances	Life Time Balance	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	6-yr Total
0	0	0	0	0	0	1,475,000	0	0	0	1,475,000	0	0	0	0	0	0	0
0	0	0	0	0	0	23,921	0	0	0	23,921	0	0	0	0	0	0	0
0	0	0	115,000	38,726	38,726	52,353	0	0	0	52,353	0	0	0	0	0	0	0
0	0	0	0	0	0	1,500,000	0	10,718	0	1,489,282	0	0	0	0	0	0	0
0	0	0	0	0	0	100,000	0	0	0	275,000	0	0	0	0	0	0	0
0	0	0	115,000	38,726	38,726	3,151,274	0	10,718	0	3,315,556	0	0	0	0	0	0	0

**Project 1: \$1,475,000**

The agency’s first project focuses on facility renovations to accommodate agency staff growth from about 70 in 2014 to over 100 (including fellows, residents, and interns) today. The renovations also allow for technological adjustments and the complete build out of an agency Fatality Management Operations Center (FMOC) given that the agency is statutorily mandated as the coordinator of fatality management.

DGS serves as the project management agency for all projects. The project has been separated into three phases to be completed during FY19. The first phase is slated for completion by end of winter. The agency is currently working with its management team to prepare logistically for the start of construction.

**Project 2: \$1,500,000**

The agency moved into its current facility – the Consolidated Forensic Laboratory – in the fall of 2012. The OCME Forensic Toxicology Laboratory equipment is currently about 7-8 years old and is due to be replaced by industry standards within 7-10 years. As such, the agency has submitted an equipment replacement plan to anticipate the replacement of about thirty pieces of equipment over the span of five years. This encompasses the majority of the laboratory's equipment.

Aged equipment results in the following: a) increased repairs and maintenance due to age; b) longer turnaround times because equipment is more frequently "out of service" due to repair and maintenance; c) the inability to increase turnaround times from the current 60-90 day performance to a 30-day, rapid response in order to provide faster resolution to families and rapid response to critical and challenging epidemics (e.g., opioid and K2); d) quality and process improvement; and e) the inability to evaluate new and emerging drugs.

Based on a replacement target of 7-10 years from a procurement date of 2011, the agency's Five-Year Capital Plan includes a phased approach of toxicology equipment upgrades prioritized based on the replacement target date.

Benefits of the equipment replacement plan include maintenance of accreditation and the implementation of best practices and industry standards which require use of up to date equipment within the toxicology laboratory. Replacement of aged equipment with modern equipment also assists in ensuring that the laboratory is utilizing the up-to-date models which ensures better turnaround times, improving performance management and, in turn, improving service to families in completion of autopsy reports.

In addition to the Forensic Toxicology Equipment Replacement Plan, the agency anticipates purchasing a CT-Scanner with this project funding. A CT-Scanner makes use of computer-processed combinations of many X-ray images taken from different angles to produce cross-sectional (tomographic) images (virtual "slices") of specific areas of a scanned object, allowing the user to see inside the object without cutting. Digital geometry processing is used to generate a three-dimensional image of the inside of the object from a large series of two-dimensional radiographic images taken around a single axis of rotation. Medical imaging is the most common application of X-ray CT. Its cross-sectional images are used for diagnostic and therapeutic purposes in various medical disciplines, including forensic pathology.

Utilization of a CT-Scanner has several benefits, including:

- May contribute important new information in cases of battered children, gunshot wounds, traffic accidents, and air embolisms;
- Can be used in cases such as identifications, particularly following mass disasters where identification of a large number of decedents or decedent parts is critical;
- Provides documentation in digital form, which is easily stored and permits review by others; and
- Provides pictures that may be more suitable for presentation in court than autopsy photos.
- Would be helpful during a medicolegal external examination (inquest) in the process of selecting cases for autopsy

**Project 3: \$275,000**

The agency manages an aging fleet of vehicles to support the day-to-day duties toward accomplishment of its mission. The average age of the vehicles in the OCME fleet is 11 years, ranging in age from one to 14 years old. The aging fleet places a burden on agency operations, due to frequent vehicle breakdowns and reliability issues. This limits the staff's ability to perform District functions and poses the potential to impact emergency response.

10. Please provide a list of all budget enhancement requests (including capital improvement needs) for FY18 and FY19, to date. For each, include a description of the need, the amount of funding requested, and whether the request was approved or denied.

In FY18 and FY19, agency needs have been met by the Mayor's Budget. Moving forward, we are working with the Mayor's Budget Office and the Deputy City Administrator/Deputy Mayor for Public Safety to meet agency needs.

11. Please list, in chronological order, each reprogramming in FY18 and FY19, to date, that impacted the agency, including those that moved funds into the agency, out of the agency, and within the agency. For each reprogramming, list the date, amount, program and activity codes, rationale, and reprogramming number.

OFFICE OF THE CHIEF MEDICAL EXAMINER (FX0)					
FY 2018 REPROGRAMMING LIST					
LOCAL - N/A				Starting Budget	\$11,480,944.00
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2018	0100	3/16/2018	BJFX0326	INCREASE NON-PERSONNEL TO RE-PROGRAMMED FORM WITHIN LOCAL NON-PERSONNEL SERVICES TO SUPPORT VARIOUS AGENCY PROGRAM	\$326,248.38
2018	0100	3/16/2018	BJFX0326	DECREASE NON-PERSONNEL TO RE-ALLOCATE WITHIN LOCAL NON-PERSONNEL SERVICES TO SUPPORT VARIOUS AGENCY PROGRAM NEEDS	(\$326,248.38)
				Final Budget	\$11,480,944.00
INTRA-DISTRICT - N/A				Starting Budget	\$0
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2018					
				Final Budget	\$0
FEDERAL PAYMENT - N/A				Starting Budget	\$0
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2018					
				Final Budget	\$0
FEDERAL GRANT - N/A				Starting Budget	\$0
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2018					
				Final Budget	\$0

12. Please list each grant or sub-grant received or distributed by your agency in FY18 and FY19, to date. List the date, amount, source, purpose of the grant or sub-grant received or distributed, and amount expended.

- a. How many FTEs are dependent on grant funding at your agency? What are the terms of this funding? If it is set to expire, what plans, if any, are in place to continue funding the FTEs?

**FY18**

In FY18, the agency had six FTEs dependent on subgrant funding as outlined below. The agency will reapply for all subgrants.

- Office of Victims Service and Justice Grants, Paul Coverdell Subgrant (Calendar Year 2018) - \$82,814  
Forensic Training and Medicolegal Consultations
- Office of Victims Services and Justice Grants – Drug Facilitated Sexual Assault (DFSA) Subgrant - \$236,653  
Two FTEs – one-year term each
- Department of Transportation, Driving Under the Influence Subgrant - \$282,128  
Two FTEs – one-year term each
- UASI: Fatality Management Logistics and Equipment Cache Subgrant - \$325,900  
One FTE; equipment and supplies
- Office of Victims Services and Justice Grants – Male Survivor Advisory Board Subgrant - \$69,412  
One FTE – one-year term

**FY19**

The FY19 subgrants and grants are listed below. The agency has seven FTEs dependent on subgrant funding, as outlined below. The agency will reapply for all subgrants.

- Office of Victims Service and Justice Grants, Paul Coverdell Subgrant (Calendar Year 2019) - \$135,980  
Forensic Training and Medicolegal Consultations
- Office of Victims Services and Justice Grants – Drug Facilitated Sexual Assault (DFSA) Subgrant - \$236,653  
Two FTEs – one-year term each
- Department of Transportation, Driving Under the Influence Subgrant - \$350,000  
Two FTEs – one-year term each
- DC Health CRISIS Subgrant – \$1,328,983  
One FTE – one-year term; equipment
- DC Health National Violent Death Reporting System Subgrant- \$95,772  
One FTE: three-year term starting in FY17 (FTE as part of agency staffing beginning in FY19)



Equipment and conference travel/training

- Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality Subgrant - \$143,467  
One FTE – three-year term starting in FY18 (FTE starting in FY19)  
Equipment, supplies, conference travel/training
- Multi-institutional Multi-disciplinary Injury Mortality Investigation in the Civilian Pre-hospital Environment (MIMIC) Grant – \$21,280  
One FTE – one-year term

13. Please list each contract, procurement, and lease, entered into, extended, and option years exercised by the agency during FY18 and FY19, to date. For each contract, please provide the following information, where applicable:

- a. The name of the contracting party;
- b. The nature of the contract, including the end product or service;
- c. The dollar amount of the contract, including amount budgeted and amount spent;
- d. The term of the contract;
- e. Whether the contract was competitively bid;
- f. The name of the agency’s contract monitor and the results of any monitoring activity; and
- g. The funding source.

<b>FY 2018</b>									
<b>Contracts</b>									
<b>Vendor Name</b>	<b>Contract Purpose - Description of Services</b>	<b>Contract Amount Budgeted</b>	<b>Contract Amount Spent</b>	<b>Contract Term Begin</b>	<b>Contract Term End</b>	<b>Option Year in FY18</b>	<b>Funding Source (local, federal, private, special revenue)</b>	<b>Competitive or Sole Source</b>	<b>Contract Monitor &amp; Results of Monitoring</b>
Wendt Center	Grief Counseling for decedent's family or friends	\$77,562.00	\$77,562.00	10/1/2017	9/30/2018	Final Option	Local	Sole Source	
Orasure (DSX)	Drug Screening Instrument (DSX #1) Maintenance and Repair	\$17,000.00	\$17,000.00	10/1/2017	9/30/2018	Base	Local	Sole Source	
Nova Biomedical	Electrolyte Instrument Maintenance	\$6,299.00	\$6,299.00	10/1/2017	9/30/2018	Base	Local	Sole Source	

	e								
Static Power	Universal Supply System	\$3,359.00	\$3,359.00	10/1/2017	9/30/2018	Base	Local	Sole Source	
ThermoFisher	Centrifuges , Scales, & TurboVap Maintenance	\$5,303.00	\$5,303.00	10/1/2017	9/30/2018	Base	Local	Sole Source	
Agilent Technologies	GC/MS, GC/MS/MS , LC/MS Instrument Maintenance and Repair	\$128,439.00	\$128,439.00	10/1/2017	9/30/2018	Opt Yr 3	Local	Sole Source	
WATERS, INC.	LC/MS/MS Instrument Maintenance and Repair (Aquity TQDs and QTOF)	\$117,536.00	\$177,536.00	10/1/2017	9/30/2018	Opt Yr 3	Local	Sole Source	
Parker Hannifin	Nitrogen Generation system	\$8,850.00	\$8850.00	10/1/2017	9/30/2018	Base	Local	Sole Source	

<b>FY 2019</b>									
<b>Contracts</b>									
<b>Vendor Name</b>	<b>Contract Purpose - Description of Services</b>	<b>Contract Amount Budgeted</b>	<b>Contract Amount Spent Q1</b>	<b>Contract Term Begin</b>	<b>Contract Term End</b>	<b>Option Year in FY19</b>	<b>Funding Source (local, federal, private, special revenue)</b>	<b>Competitive or Sole Source</b>	<b>Contract Monitor &amp; Results of Monitoring</b>
Wendt Center	Grief Counseling for decedent's family or friends	\$41,875	\$0.00	10/1/2018	9/30/2019	Opt Yr 4 Extended	Local	Sole Source	
Orasure (DSX)	Drug Screening Instrument (DSX #1) Maintenance and Repair	\$17,000	\$17,000.00	10/1/2018	9/30/2019	Base	Local	Sole Source	
Nova Biomedical	PhOx Ultra COOx Maintenance	\$6,299.00	\$6,299.00	10/1/2018	9/30/2019	Base	Local	Sole Source	

ThermoFisher	Centrifuges, Scales, & TurboVap Maintenance	\$3,401.00	\$3,401.00	10/1/2018	9/30/2019	Base	Local	Sole Source	
Agilent Technologies	GC/MS, GC/MS/MS, LC/MS Instrument Maintenance and Repair	\$115,447.23	\$8,256.00	10/1/2018	9/30/2019	Base	Local	Sole Source	
WATERS, INC.	LC/MS/MS Instrument Maintenance and Repair (Aquity TQDs and QTOF)	\$118,052.46	\$9,645.00	10/1/2018	9/30/2019	Opt Yr 4	Local	Sole Source	
Parker Hannifin	Nitrogen Generation system	\$9,000.00	\$9000.00	10/1/2018	9/30/2019	Base	Local	Sole Source	

14. Please list all pending lawsuits that name the agency as a party. Identify which cases on the list are lawsuits that potentially expose the District to significant financial liability or will result in a change in agency practices, and describe the current status of the litigation. Please provide the extent of each claim, regardless of its likelihood of success. For those identified, please include an explanation about the issues involved in each case.

There is one lawsuit wherein the agency is named as a party: *Mike Eckel v. District of Columbia*, 2017 CA 007172B. A motion hearing is set for February 13, 2019. The plaintiff seeks to obtain the autopsy records of Mikal Lesin that were denied by the OCME under the DC FOIA.

15. Please list all settlements entered into by the agency or by the District on behalf of the agency in FY18 or FY19, to date, and provide the parties' names, the amount of the settlement, and if related to litigation, the case name and a brief description of the case. If unrelated to litigation, please describe the underlying issue or reason for the settlement (e.g. administrative complaint, etc.).

In FY18 and FY19 to date, the agency has not entered into any settlements.

16. Please list the administrative complaints or grievances that the agency received in FY18 and FY19, to date, broken down by source. Please describe any changes to agency policies or procedures that have resulted from complaints or grievances received. For any complaints or grievances that were resolved in FY18 or FY19, to date, describe the resolution.

There have been no administrative complaints or grievances filed against the agency in FY18 and FY19, to date.

17. Please list and describe any complaints or allegations of sexual harassment or other forms of sexual misconduct received by the agency in FY18 and FY19, to date, whether or not those complaints or allegations were resolved.

The agency received two complaints/allegations of sexual harassment in FY18. Both were investigated and determined to be unfounded. There have been no complaints/allegations to date in FY19.

18. Please list and describe any ongoing investigations, audits, or reports on or of the agency, or any investigations, studies, audits, or reports on the agency that were completed in FY18 and FY19, to date.

In FY18, the DC Office of the Auditor audited the Domestic Violence Fatality Review Board (DFRB), which is currently administered by the Office of Victim Services and Justice Grants. The OCME participated in this audit as a sitting member and historic administrator of the Board.

19. Please describe any spending pressures the agency experienced in FY18 and any anticipated spending pressures for the remainder of FY19. Include a description of the pressure and the estimated amount. If the spending pressure was in FY18, describe how it was resolved, and if the spending pressure is in FY19, describe any proposed solutions.

The agency had no spending pressures in FY18 and none anticipated for FY19.

20. Please provide a copy of the agency's FY18 performance plan. Please explain which performance plan objectives were completed in FY18 and whether they were completed on time and within budget. If they were not, please provide an explanation.

The agency's FY18 performance plan is provided as Attachment D.

21. Please provide a copy of your agency's FY19 performance plan as submitted to the Office of the City Administrator.

The agency's FY19 performance plan is provided as Attachment E.

22. Please describe any regulations promulgated by the agency in FY18 or FY19, to date, and the status of each.

The agency did not promulgate any regulations in FY18 nor in FY19, to date.

23. Please provide a list of all studies, research papers, reports, and analyses that the agency prepared or for which it contracted in FY18 and FY19, to date. Please state the status and purpose of each. Please submit a hard copy to the Committee if the study, research paper, report, or analysis is complete.

All available reports and publications will be delivered 2/6/19.

<b>Year</b>	<b>Name of Document</b>	<b>Employee(s) That Prepared Document</b>	<b>Status</b>	<b>Purpose</b>	<b>Type of Document</b>
November 2, 2019	2017 OCME Annual Report	Chikarlo Leak	Complete	To provide annual mortality statistics and trends and data required by NAME for annual reporting	Report
October 11, 2018	Long-term Phencyclidine (PCP) Usage Trends in the District of Columbia - Poster	Charis Wynn	Poster presented at the Society of Forensic Toxicology Annual Meeting in Minneapolis, MN on 10/11/2018	Contribute to the scientific community. Demonstrate the unique challenges facing the District in regards to PCP prevalence	Poster
October 11, 2018	Postmortem Distribution of MDMA and MDA from an Accidental Death Due to MDMA Intoxication	Danyelle Kightlinger	Poster presented at the Society of Forensic Toxicology Annual Meeting in Minneapolis, MN on 10/11/2018	Contribute to the scientific community. Demonstrate the unique challenges facing postmortem toxicology	Poster
Nov. 2018 (FY19)	An Evaluation of Rapid Testing of Syringes Found at Drug Overdoses	Chikarlo Leak and Dr. Roger Mitchell	Completed and Presented	Conference Presentation- American Public Health Assoc.	Poster
Dec. 2018 (FY19)	Suspected synthetic cannabinoid receptor agonist intoxication:	Chikarlo Leak and Samantha Tolliver are coauthors on the article.	Published- <i>American Journal of Emergency Medicine</i>	Educational and research	Journal article

	Does analysis of samples reflect the presence of suspected agents?				
2018	Application of Bone Fractography to a Medical Examiner Sample: A Case Series.	Jennifer Love, PhD, D-ABFA	Published, <i>Journal of Forensic Anthropology</i> . 1(4):221-227.	Original research to maintain expertise	Journal Article
2018	Theoretical foundation of Child Abuse.	Jennifer Love, PhD, D-ABFA	Published, in eds Boyd and Boyd <i>Forensic Anthropology: Theoretical Framework and Scientific Basis</i> . John Wiley & Sons Ltd:201-211.	Original research to maintain expertise	Book Section
Feb. 2018 (FY18)	Posterior Rib Fractures in Non-Traumatic Pediatric Deaths.	Jennifer Love, PhD, D-ABFA, Kristinza Giese, MD	Oral Presentation, captured in Proceedings American Academy of Forensic Sciences, Seattle; Feb 19-23;773.	Original research to maintain expertise	Abstract
2018	2016 CFRC Annual Report	Fatality Review Unit and CFRC Members	Completed	Required	Report
2019	2017 CFRC Annual Report	Fatality Review Unit and CFRC Members	Completed	Required	Report
2018	Audit Report and Findings	Anna Francis/ISO	Complete	To identify non-	Report

		Consultant		conformities associated with ISO/IEC 17020	
--	--	------------	--	--	--

24. Please separately list each employee whose salary was \$100,000 or more in FY18 and FY19, to date. Provide the name, position number, position title, program, activity, salary, and fringe. In addition, state the amount of any overtime or bonus pay received by each employee on the list.

Agency Code	Fiscal Year	Program Number	Activity Number	Employee Name	Position Number	Title	Salary	Fringe (@ 29.5%)	Overtime Pay	Bonus Pay
FX0	18	1090	1090	Mitchell,Roger A	00082137	Chief Medical Examiner	276,460	81,556	-	-
FX0	18	1090	1090	Diaz,Franciso J.	00034821	Deputy Chief Medical Examiner	242,050	71,405	-	-
FX0	18	2100	2100	Giese,Kristinza W.	00013140	Medical Officer (Medical Exami	190,346	56,152	-	9,301
FX0	18	2100	2100	Njiwaji,Chantel Y	00075174	Medical Officer (Medical Exami	190,346	56,152	-	-
FX0	18	2100	2100	Breland,Sasha-Gay I	00003341	Medical Officer (Medical Exami	186,026	54,878	-	9,091
FX0	18	2100	2100	Golden,Kimberly	00012132	Medical Officer (Medical Exami	181,815	53,635	-	-
FX0	18	1090	1090	Fields,Beverly A	00032724	Chief of Staff	164,882	48,640	-	8,004
FX0	18	4100	4100	Zarwell, Lucas W	00013643	Chief Toxicologist	151,719	44,757	-	7,365
FX0	18	1060	1060	DeVillier,Mikelle L	00041749	SUPERVISORY ATTORNEY ADVISOR	147,034	43,375	-	7,138
FX0	18	2200	2200	Lyles,Denise A	00045537	Lead Medicolegal Investigator	145,423	42,900	-	-
FX0	18	2200	2200	Petrasek,Mary Beth	00002927	MEDICAL LEGAL INVESTIGATOR	138,627	40,895	-	-
FX0	18	2202	2202	Love,Jennifer	00073619	Forensic Anthropologist	136,999	40,415	-	-
FX0	18	1020	1020	Fogg,Peggy J	00010178	MGMT SRVS OFFICER	144,505	42,629	-	-
FX0	18	2200	2200	Fields,Leigh S	00035031	MEDICAL LEGAL INVESTIGATOR	134,982	39,820	-	-
FX0	18	1056	1056	Harvin,Donell	00050899	Emergency Response and Safety	132,810	39,179	-	6,447
FX0	18	2200	2200	Morgan,Daniel	00002522	SUPVY MEDICO LEG AL INVEST	126,433	37,298	-	-
FX0	18	1040	1040	Coleman Jr.,Michael A	00039151	Chief Information Officer	123,565	36,452	-	-
FX0	18	4100	4100	Tolliver Ph.D,Samantha S.	00074664	Dep Chief Toxicologist	121,723	35,908	-	-
FX0	18	2200	2200	Diaz,Carolina	00075184	Medicolegal Investigator	120,387	35,514	-	-
FX0	18	3100	3100	Beebe-Aryee,Jenna Leigh	00051331	Fatality Review Program Manage	120,200	35,459	-	-
FX0	18	3100	3100	Martin,Tracie	00045527	Senior Fatality Review Prog Sp	117,625	34,699	-	-
FX0	18	1086	1086	Francis,Anna D	00071570	Supervisory Quality Control &	116,904	34,487	-	-
FX0	18	1041	1041	Leak,Chikarlo	00041327	Epidemiologist	108,145	31,903	-	-
FX0	18	110F	110F	Dixon,Leautry	00045538	AGENCY FISCAL OFFICER	137,484	40,558	-	-
<b>AGENCY GRAND TOTAL</b>							<b>\$ 3,656,490</b>	<b>\$ 1,078,665</b>	<b>\$ -</b>	<b>\$ 47,346</b>

25. Please list in descending order the top 25 overtime earners in your agency in FY18 and FY19, to date, if applicable. For each, state the employee's name, position number, position title, program, activity, salary, fringe, and the aggregate amount of overtime pay earned.

Agency Code	Fiscal Year	Program Number	Activity	Employee Name	Position Number	Position Title	Salary	Fringe (@21.0%)	Overtime Pay	Worker's Comp
FX0	18	2300	2300	Bryant,Stephon M	00001881	Forensic Autopsy Assistant	58,441	12,273	21,746	-
FX0	18	2300	2300	Kidwell Jr.,Robert J.	00091361	Forensic Autopsy Assistant	55,399	11,634	17,536	-
FX0	18	2300	2300	Hinkle,Jamal	00091364	Forensic Autopsy Assistant	55,399	11,634	16,239	-
FX0	18	2200	2200	Johnson,John Breen	00045531	FORENSIC INVESTIGATOR	80,797	16,967	10,933	-
FX0	18	2300	2300	Prince,Johnathan	00092385	Forensic Autopsy Assistant	55,399	11,634	10,765	-
FX0	18	2200	2200	Wolf,Julie	00016298	FORENSIC INVESTIGATOR	80,797	16,967	10,627	-
FX0	18	2300	2300	Snowden,Brian	00035145	Forensic Autopsy Assistant	58,441	12,273	10,553	-
FX0	18	2300	2300	Pyos,Raymona	00092387	Forensic Autopsy Assistant	55,399	11,634	9,860	-
FX0	18	2100	2100	Giese,Kristinza W.	00013140	Medical Officer (Medical Exami	190,346	39,973	9,013	-
FX0	18	2100	2100	Njiwaji,Chantel Y	00075174	Medical Officer (Medical Exami	190,346	39,973	8,614	-
FX0	18	2200	2200	Fields,Leigh S	00035031	MEDICAL LEGAL INVESTIGATOR	134,982	28,346	7,167	-
FX0	18	2200	2200	Kim,Katherine	00077462	FORENSIC INVESTIGATOR	88,096	18,500	6,392	-
FX0	18	2300	2300	Lassiter Jr.,Jeffery L	00092388	Forensic Autopsy Assistant	53,878	11,314	6,295	-
FX0	18	2200	2200	Ware Murrell,Tiffany N	00044663	FORENSIC INVESTIGATOR	92,962	19,522	5,683	-
FX0	18	2300	2300	Robinson-Porter,Latisha L	00091363	Forensic Autopsy Assistant	55,399	11,634	4,921	-
FX0	18	2100	2100	Breland,Sasha-Gay I	00003341	Medical Officer (Medical Exami	186,026	39,065	4,488	-
FX0	18	2200	2200	Johnson,Stephanie M.	00073738	FORENSIC INVESTIGATOR	88,096	18,500	4,408	-
FX0	18	2300	2300	Hough,Bonnie T.	00092386	Forensic Autopsy Assistant	55,399	11,634	4,309	-
FX0	18	2200	2200	Petrasek,Mary Beth	00002927	MEDICAL LEGAL INVESTIGATOR	138,627	29,112	4,035	-
FX0	18	2300	2300	Johnson,Keith E	00047548	Forensic Autopsy Assistant	56,920	11,953	3,978	-
FX0	18	4100	4100	Mason,Nikia	00088833	Laboratory Support Specialist	69,442	14,583	3,926	-
FX0	18	2300	2300	Kelly,Derrick	00091365	Forensic Autopsy Assistant	55,399	11,634	3,604	-
FX0	18	2200	2200	Jamison,Latoya R	00045530	FORENSIC INVESTIGATOR	90,529	19,011	3,414	-
FX0	18	2202	2202	Smith,Melinda Delois	00007099	INTAKE ASSISTANT	54,102	11,361	3,092	-
FX0	18	2300	2300	Lassiter,Kimberly A	00047550	Lead Forensic Autopsy Assistan	81,643	17,145	2,979	-
<b>FY GRAND TOTAL</b>							<b>\$ 2,182,264</b>	<b>\$ 458,275</b>	<b>\$ 194,579</b>	<b>\$ -</b>

26. For FY18 and FY19, to date, please provide a list of employee bonuses or special pay granted that identifies the employee receiving the bonus or special pay, the amount received, and the reason for the bonus or special pay.

No bonuses or special pay were or have been paid out by the agency in FY18 or FY19, to date.

27. Please provide each collective bargaining agreement that is currently in effect, **and differs from that submitted last year**, for agency employees. Please include the bargaining unit and the duration of each agreement. Please note if the agency is currently in bargaining and its anticipated completion.

There are no agency collective bargaining agreements that differ from those submitted last year. The Office of Labor Relations and Collective Bargaining is currently facilitating bargaining with the Doctors' Council. There is no anticipated completion date at this time.

28. If there are any boards or commissions associated with your agency, please provide a chart listing the names, confirmation dates, terms, wards of residence, and attendance of each member. Include any vacancies.

The information regarding boards or commissions associated with our agency is included below. Note that the Mayor's Office of Talent and Appointments (MOTA) provides the end date of committee member appointments, as opposed to both confirmation dates and terms. MOTA also does not provide the ward of residence for any but public members. The information for the Maternal Mortality Review Committee and the Violence Fatality Review Committee are not included, as members have not yet been appointed.



**Current Child Fatality Review Committee (CFRC) Members as of 1/24/2019**

<b><u>Committee Type</u></b>	<b><u>Member Name</u></b>	<b><u>Seat</u></b>	<b><u>Term end</u></b>	<b><u>Ward of Residence</u></b>
CFRC	Adam Backels	District of Columbia Public Schools (DCPS) Representative	1/2/2023	Agency Representative
CFRC	Aleazor Taylor	Fire and Emergency Medical Services (FEMS) Representative	1/2/2023	Agency Representative
CFRC	Andrea Allen	District of Columbia Public Schools (DCPS) Representative	Per Order of Mayor (POM)	Agency Representative
CFRC	Chief Tony Lee Falwell	Fire and Emergency Medical Services (FEMS)	1/2/2023	Agency Representative
CFRC	Claudia Booker	Public Member	7/16/2019	Ward 4
CFRC	Cmdr. Leslie Parsons	Metropolitan Police Department (MPD) Representative	1/2/2023	Agency Representative
CFRC	Colleen Sonosky	Department of Health Care Finance (DHCF) Representative	1/2/2023	Agency Representative
CFRC	Cory Chandler	Child and Family Services Agency (CFSA) Representative	1/2/2023	Agency Representative
CFRC	Cynthia Wright (Committee Co-Chair)	Office of the United States Attorney for the District of Columbia	Per Order of the Office of the United States Attorney for the District of Columbia	Agency Representative
CFRC	Debbie Allen	Department of Behavioral Health (DBH) Representative	1/2/2023	Agency Representative
CFRC	Diane Oliver	District of Columbia Housing Authority	1/2/2023	Agency Representative
CFRC	Dr. Alsan Bellard	Department of	1/2/2023	Agency

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		Youth Rehabilitative Services (DYRS) Representative		Representative
CFRC	Dr. Cheryl Williams	Public Member	4/20/2021	Ward 6
CFRC	Dr. Eric Rosenthal	Hospital where children are born or treated- Children's National Medical Center Representative	Per Order of Mayor (POM)	Organization Representative
CFRC	Dr. Inez Reeves	Hospital where children are born or treated- Howard University Hospital Representative	4/14/2020	Organization Representative
CFRC	Dr. Jacqueline Francis	Public Member	7/12/2019	Ward 6
CFRC	Dr. Roger Mitchell, Jr. (Committee Chair)	Office of the Chief Medical Examiner (OCME) Representative	1/2/2023	Agency Representative
CFRC	Erin Cullen	District of Columbia Office of the Attorney General (OAG) Representative	Per Order of Mayor (POM)	Agency Representative
CFRC	Hon. Carol Dalton	Superior Court of the District of Columbia Representative	Per Order of the Superior Court (POSC)	Agency Representative
CFRC	Hon. Peter Krauthamer	Superior Court of the District of Columbia Representative	Per Order of the Superior Court (POSC)	Agency Representative
CFRC	Jacqueline Smith	College or University School of Social Work- Howard University	Per Order of Mayor (POM)	Organization Representative
CFRC	Judith Meltzer	Center for the Study of Social Policy (CSSP)	Per Order of the United States District Court (POUSDC)	Agency Representative
CFRC	Lanita Williams	Public Member	4/20/2021	Ward 5

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
CFRC	LaShunda Hill	Public Member	7/14/2020	Ward 5
CFRC	Lastenia Pretlow-Brathwaite	Department of Human Services (DHS) Representative	1/2/2023	Agency Representative
CFRC	Lawrence Weaver	Superior Court of the District of Columbia- Family Court Social Services Division Representative	Per Order of the Superior Court (POSC)	Agency Representative
CFRC	Marie Cohen	Public Member	7/16/2019	Ward 6
CFRC	Mina Malik	District of Columbia Office of the Attorney General (OAG) Representative	New appointment, in progress	Agency Representative
CFRC	Rachel Paletta	Center for the Study of Social Policy (CSSP)	Per Order of the United States District Court (POUSDC)	Agency Representative
CFRC	Sgt. Keith Batton	Metropolitan Police Department (MPD) Representative	1/2/2023	Agency Representative
CFRC	Stacy Mills	Public Member	4/20/2021	Ward 4
CFRC	Terri Odom	Superior Court of the District of Columbia- Family Court Social Services Division Representative	Per Order of the Superior Court (POSC)	Agency Representative
CFRC	Theresa Early	Department of Human Services (DHS) Representative	Appointment in progress	Agency Representative
CFRC	VACANT	Public Charter School Board (PCSB) Representative	Member appointment being identified	Agency Representative
CFRC	VACANT	Department of Health (DC Health) Representative	Recent (2019) member resignation, new member being identified	Agency Representative
CFRC	VACANT	Child and Family	Member	Agency

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		Services (CFRC) Representative	identified, appointment pending	Representative
CFRC	VACANT	Mayor's Committee on Child Abuse and Neglect (MCAN)	VACANT	Organization Representative
CFRC	Yuliana Del Arroyo	Office of the State Superintendent of Education (OSSE) Representative	1/2/2023	Agency Representative

**Current Developmental Disabilities Fatality Review Committee (DDFRC) Members as of  
1/24/ 2019**

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
DDFRC	Caren Kirkland	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	3/18/2021	
DDFRC	Cynthia McGee	Department of Health (DC Health)	1/2/2023	Agency Representative
DDFRC	Dr. Jennifer Crumlish	A psychiatrist, psychologist, or mental health professional who is licensed to practice in the District with experience in the evaluation and treatment of persons with an intellectual disability or developmental	3/7/2020	Ward 3

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		disability		
DDFRC	Dr. Marianne Vail	Clinician with experience in the area of evaluation, treatment and/or support of persons with an intellectual disability or developmental disability	3/7/2020	Ward 6
DDFRC	Dr. Michaela Zajicek-Farber	Faculty member from a school of social work- Catholic University	3/7/2019	Organization Representative
DDFRC	Dr. Roger Mitchell, Jr. (Committee Chair)	Office of the Chief Medical Examiner (OCME)	1/2/2023	Agency Representative
DDFRC	Ellen Wells	Department of Human Services (DHS)	1/2/2019	Agency Representative
DDFRC	Laura Hartman-Villalta	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	3/3/2019	Ward 3
DDFRC	Mark Wynn	Fire and Emergency Medical Services (FEMS)	1/2/2023	Agency Representative
DDFRC	Sharon Mebane	Department of Health, Health Regulation and Licensing Administration (DC Health)	1/2/2023	Agency Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
DDFRC	VACANT	Department of Health Care Finance (DHCF)	Member Identified, Appointment Pending	Agency Representative
DDFRC	VACANT	Department of Behavioral Health (DBH) Representative	VACANT	Agency Representative
DDFRC	VACANT	Attorney General for the District of Columbia (OAG)	VACANT	Agency Representative
DDFRC	VACANT	Metropolitan Police Department (MPD)	VACANT	Agency Representative
DDFRC	VACANT	Office of the Inspector General, Medicaid Fraud Control Unit	VACANT	Agency Representative
DDFRC	VACANT	A physician who practices in the District with experience in the evaluation and treatment of persons with an intellectual or developmental disability	VACANT	Organization Representative
DDFRC	Winslow Woodland (Committee Co-Chair)	Department on Disability Services (DDS)	1/2/2023	Agency Representative

### **FY18 Child Fatality Review (CFRC) Attendance Data**

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended (out of 12)</u>
CFRC	Adam Backels	District of Columbia Public Schools (DCPS) Representative	11
CFRC	Aleazor Taylor	Fire and Emergency Medical Services (FEMS) Representative	3
CFRC	Andrea Allen	District of Columbia Public Schools (DCPS) Representative	0
CFRC	Chief Tony Lee Falwell	Fire and Emergency	0

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended (out of 12)</u>
		Medical Services (FEMS)	
CFRC	Claudia Booker	Public Member	0
CFRC	Cmdr. Leslie Parsons	Metropolitan Police Department (MPD) Representative	0
CFRC	Colleen Sonosky	Department of Health Care Finance (DHCF) Representative	8
CFRC	Cory Chandler	Child and Family Services Agency (CFSA) Representative	6
CFRC	Cynthia Wright (Committee Co-Chair)	Office of the United States Attorney for the District of Columbia	9
CFRC	Debbie Allen	Department of Behavioral Health (DBH) Representative	8
CFRC	Diane Oliver	District of Columbia Housing Authority	4
CFRC	Dr. Alsan Bellard	Department of Youth Rehabilitative Services (DYRS) Representative	5
CFRC	Dr. Cheryl Williams	Public Member	7
CFRC	Dr. Eric Rosenthal	Hospital where children are born or treated- Children's National Medical Center Representative	3
CFRC	Dr. Inez Reeves	Hospital where children are born or treated- Howard University Hospital Representative	5
CFRC	Dr. Jacqueline Francis	Public Member	4
CFRC	Dr. Roger Mitchell, Jr. (Committee Chair)	Office of the Chief Medical Examiner (OCME) Representative	10
CFRC	Erin Cullen	District of Columbia Office of the Attorney General (OAG) Representative	6
CFRC	Hon. Carol Dalton	Superior Court of the District of Columbia Representative	2
CFRC	Hon. Peter Krauthamer	Superior Court of the District of Columbia	3

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended (out of 12)</u>
		Representative	
CFRC	Jacqueline Smith	College or University School of Social Work- Howard University	6
CFRC	Judith Meltzer	Center for the Study of Social Policy (CSSP)	4
CFRC	Lanita Williams	Public Member	4
CFRC	LaShunda Hill	Public Member	2
CFRC	Lastenia Pretlow-Brathwaite	Department of Human Services (DHS) Representative	5
CFRC	Lawrence Weaver	Superior Court of the District of Columbia- Family Court Social Services Division Representative	7
CFRC	Marie Cohen	Public Member	7
CFRC	Santha Sonenberg	District of Columbia Office of the Attorney General (OAG) Representative	7
CFRC	Rachel Paletta	Center for the Study of Social Policy (CSSP)	7
CFRC	Sgt. Keith Batton	Metropolitan Police Department (MPD) Representative	6
CFRC	Stacy Mills	Public Member	4
CFRC	Terri Odom	Superior Court of the District of Columbia- Family Court Social Services Division Representative	0
CFRC	Heather Stowe	Child and Family Services Agency (CFSA) Representative	3
CFRC	Dr. Torey Mack	DC Health (DOH) Representative	6
CFRC	Yuliana Del Arroyo	Office of the State Superintendent of Education (OSSE) Representative	6

**FY19 Child Fatality Review (CFRT) Attendance Data to date**

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended (out of 4)</u>
-----------------------	--------------------	-------------	---



<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended (out of 4)</u>
CFRC	Adam Backels	District of Columbia Public Schools (DCPS) Representative	4
CFRC	Aleazor Taylor	Fire and Emergency Medical Services (FEMS) Representative	2
CFRC	Andrea Allen	District of Columbia Public Schools (DCPS) Representative	0
CFRC	Chief Tony Lee Falwell	Fire and Emergency Medical Services (FEMS)	0
CFRC	Claudia Booker	Public Member	0
CFRC	Cmdr. Leslie Parsons	Metropolitan Police Department (MPD) Representative	0
CFRC	Colleen Sonosky	Department of Health Care Finance (DHCF) Representative	3
CFRC	Cory Chandler	Child and Family Services Agency (CFSA) Representative	2
CFRC	Cynthia Wright (Committee Co-Chair)	Office of the United States Attorney for the District of Columbia	3
CFRC	Debbie Allen	Department of Behavioral Health (DBH) Representative	4
CFRC	Diane Oliver	District of Columbia Housing Authority	1
CFRC	Dr. Alsan Bellard	Department of Youth Rehabilitative Services (DYRS) Representative	2
CFRC	Dr. Cheryl Williams	Public Member	1
CFRC	Dr. Eric Rosenthal	Hospital where children are born or treated- Children's National Medical Center Representative	3
CFRC	Dr. Inez Reeves	Hospital where children are born or treated- Howard University Hospital Representative	2
CFRC	Dr. Jacqueline Francis	Public Member	2
CFRC	Dr. Roger Mitchell, Jr. (Committee Chair)	Office of the Chief Medical Examiner	4

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended (out of 4)</u>
		(OCME) Representative	
CFRC	Erin Cullen	District of Columbia Office of the Attorney General (OAG) Representative	1
CFRC	Hon. Carol Dalton	Superior Court of the District of Columbia Representative	0
CFRC	Hon. Peter Krauthamer	Superior Court of the District of Columbia Representative	0
CFRC	Jacqueline Smith	College or University School of Social Work- Howard University	2
CFRC	Judith Meltzer	Center for the Study of Social Policy (CSSP)	2
CFRC	Lanita Williams	Public Member	3
CFRC	LaShunda Hill	Public Member	0
CFRC	Lawrence Weaver	Superior Court of the District of Columbia- Family Court Social Services Division Representative	3
CFRC	Marie Cohen	Public Member	3
CFRC	Mina Malik	District of Columbia Office of the Attorney General (OAG)	3
CFRC	Rachel Paletta	Center for the Study of Social Policy (CSSP)	3
CFRC	Sgt. Keith Batton	Metropolitan Police Department (MPD) Representative	4
CFRC	Stacy Mills	Public Member	2
CFRC	Terri Odom	Superior Court of the District of Columbia- Family Court Social Services Division Representative	0
CFRC	Dr. Torey Mack	DC Health (DOH) Representative	Approved Leave of Absence
CFRC	Theresa Early	Department of Human Services (DHS) Representative	4
CFRC	Yuliana Del Arroyo	Office of the State Superintendent of	1

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended (out of 4)</u>
		Education (OSSE) Representative	

**FY18 Child Fatality Review Committee-Infant Mortality Review (IMR) Team Meetings and Attendance Data**

<u>Committee Type</u>	<u>Meeting Date</u>	<u>Number of Attendees</u>
CFRC-IMR	October 3, 2017	22
CFRC-IMR	November 7, 2017	18
CFRC-IMR	December 5, 2017	21
CFRC- IMR	January 9, 2018	23
CFRC- IMR	February 6, 2018	19
CFRC- IMR	March 6, 2018	24
CFRC- IMR	April 3, 2018	22
CFRC- IMR	May 1, 2018	25
CFRC- IMR	June 5, 2018	25
CFRC- IMR	July 10, 2018	18
CFRC- IMR	August 7, 2018	19
CFRC- IMR	September 11, 2018	23

**FY19 Child Fatality Review Committee- Infant Mortality Review (IMR) Meetings and Attendance Data**

<u>Committee Type</u>	<u>Meeting Date</u>	<u>Number of Attendees</u>
CFRC- IMR	October 2, 2018	20
CFRC- IMR	November 6, 2018	16
CFRC- IMR	December 4, 2018	24
CFRC- IMR	January 8, 2019	21

**FY18 Developmental Disabilities Fatality Review Committee (DDFRC) Attendance Data (no meetings October 2017, December 2017, January 2018, March 2018, May 2018 and September 2018).**

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended (out of 6)</u>
DDFRC	Caren Kirkland	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	3
DDFRC	Cynthia McGee	Department of Health	6

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended (out of 6)</u>
		(DC Health)	
DDFRC	Dr. Marianne Vail	Clinician with experience in the area of evaluation, treatment and/or support of persons with an intellectual disability or developmental disability	5
DDFRC	Dr. Michaela Zajicek-Farber	Faculty member from a school of social work- Catholic University	3
DDFRC	Dr. Roger Mitchell, Jr. (Committee Chair)	Office of the Chief Medical Examiner (OCME)	5
DDFRC	Ellen Wells	Department of Human Services (DHS)	5
DDFRC	Laura Hartman-Villalta	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	2
DDFRC	Mark Wynn	Fire and Emergency Medical Services (FEMS)	Leave of Absence
DDFRC	Sharon Mebane	Department of Health, Health Regulation and Licensing Administration (DC Health)	3
DDFRC	Winslow Woodland (Committee Co-Chair)	Department on Disability Services (DDS)	5
DDFRC	T. Jared Morris (Committee Co-Chair)	Department on Disability Services (DDS)	1
DDFRC	Neha Patel	Department on Disability Services (DDS-OAG)	4

**FY19 Developmental Disabilities Fatality Review Committee (DDFRC) Attendance Data to date (no meetings November 2018 and December 2018)**

<b><u>Committee Type</u></b>	<b><u>Member Name</u></b>	<b><u>Seat</u></b>	<b><u>Number of Meeting Attended (out of 2)</u></b>
DDFRC	Caren Kirkland	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	1
DDFRC	Cynthia McGee	Department of Health (DC Health)	0
DDFRC	Dr. Marianne Vail	Clinician with experience in the area of evaluation, treatment and/or support of persons with an intellectual disability or developmental disability	1
DDFRC	Dr. Michaela Zajicek-Farber	Faculty member from a school of social work-Catholic University	2
DDFRC	Dr. Roger Mitchell, Jr. (Committee Chair)	Office of the Chief Medical Examiner (OCME)	2
DDFRC	Ellen Wells	Department of Human Services (DHS)	2
DDFRC	Laura Hartman-Villalta	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	0
DDFRC	Mark Wynn	Fire and Emergency Medical Services (FEMS)	Leave of Absence
DDFRC	Sharon Mebane	Department of Health,	1

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended (out of 2)</u>
		Health Regulation and Licensing Administration (DC Health)	
DDFRC	Winslow Woodland (Committee Co-Chair)	Department on Disability Services (DDS)	2
DDFRC	Dr. Jennifer Crumlish	A psychiatrist, psychologist, or mental health professional who is licensed to practice in the District with experience in the evaluation and treatment of persons with an intellectual disability or developmental disability	1

29. Please list all reports or reporting currently required of the agency in the District of Columbia Code or Municipal Regulations. Provide a description of whether the agency is in compliance with these requirements, and if not, why not (e.g. the purpose behind the requirement is moot, etc.).

The agency annual report is required to be published by the end of the subsequent year per D.C. Code. The publication of the 2017 OCME Annual Report in October 2018 is in compliance with the D.C. Code.

Agency Operations

30. Please describe any initiatives that the agency implemented in FY18 or FY19, to date, to improve the internal operations of the agency or the interaction of the agency with outside parties. Please describe the results, or expected results, of each initiative.

Forensic Pathology Post-mortem Examination Reporting

The OCME’s Medicolegal Death Investigation Division has focused efforts on meeting NAME standards for postmortem examinations: 90 percent of reports of postmortem examinations completed within 90 days from the time of autopsy in all cases. The agency has implemented a myriad of initiatives to enhance the staffing models and scheduling, and as a result, forensic pathology operations are improved.

Preparation of Toxicology Laboratory for ISO Accreditation

The agency has been preparing for agency voluntary ISO Accreditation, to include specific activities related to the toxicology laboratory. Specifically, upgrading and streamlining processes associated with ISO 17020 and 17025 will lead to further

improvement in the overall quality of the forensic toxicology laboratory and bring OCME in line with future national and international standards.

ISO17025 requires traceability into measurement devices, as such the laboratory:

- a. worked to incorporate traceability and measurement uncertainty into its drug concentration measurement; and
- b. incorporated traceability into measurement devices.

The laboratory established contracts with existing vendors and established new vendors to ensure that all our measurement devices were traceable. The technicians who work on the measurement devices (scales, pipettes, and weights, specifically) all now provide certificates which are traceable to National Institutes of Standards & Technology (NIST). Because controls were created and equipment calibrated, ISO 17025 compliance was achieved. Further, the laboratory created a re-validation plan for its ethanol method, which involved generating an uncertainty budget. The plan was created and resources purchased to implement the plan (NIST traceable standards for both calibrators and controls). Next steps include the actual re-validation of the ethanol method which is a priority for FY19.

#### Pilot Investigations Fatality Review Project

The Investigations Unit partnered with the agency's Fatality Review Unit to obtain guidance on the most beneficial information collected from scene investigators for the purpose of improving interaction with individuals on a scene. The purpose was to provide a more holistic understanding of the multipurpose uses of information that investigators collect.

The Investigations and Fatality Review Units developed a project that entails a monthly activity, such as "ride alongs" to death scenes by members of the Fatality Review Unit. The project allows interaction between the two units to facilitate knowledge transfer. This allows for opportunity for investigations staff to gain an understanding of the scene investigation process as related to reviews, and for fatality review staff to advise on what information should be collected for reviews. One staff person, a Fatality Review Program Specialist, participated in a "ride along" to a death scene with an investigator team.

#### Performance Management Leadership Series

The Performance Management Leadership Series was developed as a training mechanism for managers to focus on enhancing their resources and skills to ensure improved effectiveness and efficiency in the operations of their Divisions and Units, as well as supervision of employees. The purpose of the series is to empower managers with an understanding of District and OCME procedures and protocols and a concept of continuous improvement (Six Sigma) in the overall agency. The agency offered a series of courses, such as "Six Sigma at the OCME" (led by the Chief of Staff, February 21, 2018); "Time Management" (led by the Chief of Staff, March 28, 2018); "Family Medical Leave Act and Americans with Disabilities Act Refresher" (led by the General Counsel, HR, and Chief of Staff, May 9, 2018); and "Introduction to Six Sigma" (led by the Chief of Staff, June 27, 2018).

### Professional Training/Career Development

The agency's statutory mandate includes an academic component. As such, the agency maintained its academic program to include: 1) ensuring that staff obtains requisite training to maintain required licensures and certificates and to implement agency standards within work processes and procedures; 2) providing academic training opportunities for external stakeholders to increase their knowledge about the agency and its procedures; 3) internships and other educational opportunities for students (i.e., residents, medical students, forensic students); and 4) death investigation and fatality management training opportunities for stakeholders.

Staff attended academic and professional trainings to include: Borkestein Course on Alcohol & Highway Safety, Mass Fatality Management Victim Identification Symposium, National Violence Death Reporting System Conference, Forensic Ultra Violet & Infrared Photography Conference, Fingerprint Science and Tenprints Course, International Association for Chemical Testing Training, Conference on Forensic and Pediatric Pathology, National Medical Association Spring Conference, and International Association for Chemical Testing Training.

Additional academic trainings included seminar on opioids and marijuana, National Medical Association's Annual Convention, National Bar Association's Annual Convention, International Association of Coroners & Medical Examiners Annual Training Symposium, and a Mass Fatality Symposium and Full Scale Exercise (staff and external stakeholders).

### Enhancement of Agency Digitization Methodology

The agency Records Management Unit began an initiative focused on digitization of agency records. The purpose was to streamline the management of medical examiner case files and other documents generated, utilized and stored by the agency (particularly in light of hard copy storage limitations internally and at District external sites). This initiative involves staff training, development of Standard Operating Procedures, procurement of associated equipment and development of a phased in approach to the digitization effort. Digitization of documents will enable the agency to provide more timely responses to records requests, because they will be more easily accessible and, thus, can be more efficiently forwarded or provided in another format in a timely manner.

The digitization effort has been implemented and involves e-case filing, e-signature, e-faxing, e-seal, use of SharePoint or web portals, and a host of other digitization methodologies. As part of this initiative, the agency obtained an e-fax option so that requests, reports, and other documents received by fax can be added into the e-case file, eliminating scanning. E-signature for autopsy reports has also been implemented, as well as an e-seal, linking case related material to a case management system and an electronic certification policy.

### Agency-wide Staff Training



The OCME staff has increased from about 75 to approximately 100 over the past three years. With the number of new staff, due both to the increase and to a number of backfills, it is recognized that enhanced training must be conducted on the District Personnel Manual and OCME Employee Manual above and beyond the annual trainings that have historically been provided. As such, the agency will provide a series of trainings focused on key elements of the DPM and OCME Employee Manual to ensure that employees are knowledgeable about the procedures and protocol of the District and OCME and are able to ask questions. The agency's orientation process has also been enhanced to ensure that critical training items and issues are addressed during the on-boarding process.

31. What are the agency's top five priorities? Please explain how the agency expects to address these priorities in FY19. How did the agency address its top priorities listed for this question last year?

The agency's top priorities are outlined below.

a) *Quality*

An agency top priority for FY19 is to provide efficient and effective service through a quality management system supported by continuous process improvement, quality control measures, adherence to accrediting body guidelines, training, and best practices. The agency has several activities that fall within this priority, including: case and inventory management, document management, and professional development and career development. Moreover, there is an overall focus on the achievement of agency ISO Accreditation.

During FY18, the agency focused on preparation for ISO Accreditation. The agency contracted with a vendor to assist with developing an ISO compliant quality management system that integrates with the existing national program requirements as well as with District of Columbia law and the agency's policies and procedures. This includes the development of an ISO 17020-compliant Quality Manual, ISO pre-inspection report, and ISO accreditation application that is ready for submission. The agency was able to complete a draft quality and training manual, review standard operating procedures, and—most significantly—have a Pre-Assessment Audit and Report completed on August 18, 2018. The audit found that the agency was in conformance with 169 of 192 accreditation requirements, of which 21 required changes/updates to existing policies and procedures. Only three of the 21 were identified during a facility walkthrough and were considered critical. Those related to laboratory suitability and evidence storage.

Lastly, the agency's mandate includes an academic component which provides the quality management component via human resources. This includes: 1) ensuring employees are afforded training and educational opportunities to maintain required licenses/certifications and to keep in compliance with industry standards; and 2)

providing academic and fatality management training opportunities and internships to external stakeholders, residents, medical students, and forensic students.

The agency will continue to enhance its quality efforts in FY19 through technology, academic and professional training, and other innovative methodologies.

*b) Accreditation*

Agency Accreditation

The agency was granted full accreditation by NAME, effective February 16, 2016 through February 16, 2021. Each year, the agency must be reaccredited. In FY18, the agency received its reaccreditation, which consisted of a review of the annual status of the agency operations, facility, and standard operating procedures, as well as a fee payment.

The agency is currently preparing for its annual reaccreditation, to be held in February 2019. Such preparation includes updating Standard Operating Procedures and training staff regarding new procedures, evaluating the facility, and reviewing physical and human resources per the NAME guidelines.

Accreditation brings national recognition and status to the agency and establishes it as a national model with standard operating procedures, a state-of-the-art physical facility, and well-trained, professional personnel that are in compliance with industry standards. This represents the highest quality of death investigation systems and provides an endorsement to District residents that the agency provides an adequate environment in which a medical examiner may practice the profession and provides reasonable assurance that the office well serves the jurisdiction with a high caliber of medicolegal death investigation.

Forensic Toxicology Laboratory

The OCME's Forensic Toxicology Laboratory received American Board of Forensic Toxicology Laboratory (ABFT) Accreditation for the period November 1, 2015 to October 31, 2017. The laboratory has been approved for reaccreditation from November 1, 2017 through October 31, 2019.

*c) Fatality Management*

Fatality and incident planning are critical in order to ensure the safety of the residents of DC and the surrounding areas. It is important not only that gaps in emergency response and planning be recognized, but that continuous exercising of plans be conducted to ensure that emergency responders are well-trained. In this current climate of natural and man-made threats, incident planning is a priority.

Given the critical nature of fatality management and the fact that OCME is the fatality management arm of the District, the agency launched an effort during FY16 to ensure that District agencies were equipped and prepared for emergent situations: a city-wide

Fatality Management Symposium and Exercise. In FY18, the agency maintained this effort by conducting and/or participating in numerous fatality and/or emergency incident management exercises, as outlined in the response to Question 46. These activities involved public safety cluster agencies (HSEMA, MPD, FEMS, OUC, DFS, OVSJG, etc.), as well as other stakeholders such as DC Health, OCTO, and other regional agencies that would have a role in a mass fatality incident.

The OCME also participated in national and District-wide emergency response full-scale exercises and hot washes. These included the agency's forensic pathology, death investigation, mortuary, identification, anthropology, and records units, as well as agency appointed emergency liaison officers and the METT team. These exercises provided the agency an opportunity to exercise its newly procured Mobile Command Unit and other emergency response vehicles and resources.

During FY19, the OCME will continue its evaluation of mass fatality and continuity of operations planning (COOP), emergency response standard operating procedures, local and regional planning and cooperation, and training and exercising. This will involve coordination with regional entities, such as other medical examiners, funeral homes, universities and hospitals, federal partners, and other stakeholders.

*d) Data Fusion Analysis Center*

In FY19, the agency will continue its FY18 focus on data collection, surveillance, and analysis, resulting in the promotion of public safety and health. This involves establishing scientific and technical methods and practices to identify and evaluate data in order to determine outcomes and trends in mortality statistics to improve the quality of life of District residents. This is done via the agency's Data Analysis Fusion Center ("Center") concept, which is a collaborative effort among agencies to provide and/or share data with the goal of "prevention," "detection," "law enforcement" or other types of evaluation or analysis, particularly in the areas of public safety and health. The Center is led by the agency's Epidemiologist, who is tasked with data collection and statistical reporting of trends toward such public surveillance. The agency's mortality data is critical data that can be formatted in a manner which can provide key information to stakeholders, including District agencies, for use in various "prevention" messages.

Specific FY18 activities and reports of the center are outlined in Question 48.

32. Please list each new program implemented by the agency during FY18 and FY19, to date. For each initiative, please provide:

- a. A description of the initiative;
- b. The funding required to implement the initiative; and
- c. Any documented results of the initiative.

The agency has added no new programs during FY18 and FY19, to date. Key agency initiatives are discussed in Question 30. The initiatives are funded via the agency's NPS budget.

33. What are the top metrics regularly used by the agency to evaluate its operations? Please be specific about which data points are monitored by the agency.

The agency evaluates its operations utilizing several methods. The agency compares its performance against industry standards and guidelines, it evaluates metrics within its performance plan, and it reviews financial management against programmatic performance. The agency has been able to obtain at least the minimum standards and guidelines of operation for medicolegal death investigation, forensic pathology, histology, forensic toxicology, anthropology, as well as other services performed from those professional and peer-review organizations that provide accreditation, professional training, and oversight of these particular disciplines and industries. These organizations include the National Association of Medical Examiners (NAME), American Board of Forensic Toxicologists (ABFT), American Board of Medicolegal Death Investigators (ABMDI), and the American Board of Forensic Anthropologists (ABFA), among others.

As stated above, the agency is fully accredited by NAME and the forensic toxicology laboratory is accredited by ABFT. Furthermore, the agency's forensic pathologists are, at a minimum, board-certified in Anatomic and Forensic Pathology, the Chief Toxicologist is certified by ABFT, and the medicolegal death investigation staff and the forensic anthropologist are certified by ABMDI and ABFA, respectively. These accreditations and certifications, which are ongoing and must be renewed, demonstrate not only programmatic success, but the expertise of the staff members that must operate and maintain such programs.

In addition, the agency evaluates operations against the agency's performance management schematic, which uses evidence from measurements to support governmental planning, funding, and operations. The purpose of the program is to allow managers to recognize success, identify problem areas, and respond with appropriate actions in order to better serve the public. The performance management framework focuses on collecting, analyzing, and reporting on strategic objectives, initiatives, and key performance indicators set forth in the agency performance plan. Managers report quarterly on the status of initiatives and whether they are meeting their targets on key performance indicators. Year-end results are recorded in the form of Performance Accountability Reports (PARs) The PARs provide an overview of the agency's top accomplishments and programmatic success)

Benchmarking is a process that is also vital to measuring the agency's performance. Within the death investigation, forensic pathology, and forensic toxicology arenas, this is done via conference attendance, referral to industry and academic journals, forming partnerships with agencies internationally and nationally for knowledge exchange, as well as personal academic relationships. Agency practitioners are charged with ensuring that they are individually trained in up-to-date industry standards and best practices and that their staffs are also on the same track. Performance success is measured by evaluating benchmark statistical measures between analogous agencies utilizing best practices.

Financial management also plays a vital role in evaluating operations. The agency has developed budgetary standard operating procedures that include manager meetings on a routine basis with the executive team, which includes the agency fiscal officer. The purpose of the meetings is to evaluate day-to-day programmatic operations with the status of budget and procurement line items, as well as needs and/or challenges. The executive team then conducts meetings to evaluate operations, the budget, procurements, and any issues in order to ensure continuity of operations and, ultimately, programmatic success. In essence, programmatic success is being measured on a consistent basis throughout the fiscal year via such operational and fiscal management meetings.

The agency Executive Team plans and evaluates the performance of employees, including managers, to evaluate operations, because agency operations are only efficient and effective if employees are meeting their individual performance goals. Such goals are aligned with the agency strategic plan and performance plan. As such, employee performance management and agency performance management are looked at simultaneously and provide a guide to the success of the overall agency program.

As discussed above, to evaluate its operations, the agency utilizes the District's performance management schematic, which uses evidence from measurement to support governmental planning, funding, and operations. The purpose of the program is to allow managers to recognize success, identify problem areas, and respond with appropriate actions in order to better serve the public. The Performance Management framework focuses on collecting, analyzing, and reporting on strategic objectives, initiatives, and key performance indicators set forth in an agency performance plan. Managers report quarterly on the status of initiatives and whether they are meeting their targets on key performance indicators. Year-end results are recorded in the form of Performance Accountability Reports (PARs). The PARs provide an overview of the agency's top accomplishments and programmatic success in meeting objectives and key performance indicators and completing initiatives and rationales.

Within the performance management schematic, the agency has identified key performance measures which are based on NAME accreditation guidelines, District protocols, and agency policies and procedures. Those measures are as follows:

- Percent of all reports of postmortem examinations completed within 90 calendar days from the time of autopsy in all cases;

- Percent of mortuary/transport service scene response within one hour of transport notification by an investigator or medical examiner of an accepted case;
- Percent of toxicology examinations completed within 90 calendar days of case submission;
- Percent of toxicology examinations completed within 60 calendar days of case submission;
- Percent of forensic pathologists (medical examiners) that are board certified or board eligible;
- Percent of public dispositions ready for release within 45 days;
- Percent of decedent cases identified in 5 days;
- Percent of Child Fatality Review Committee (CFRC) fatality reviews held within six months of notification of the death;
- Percent of Developmental Disabilities Fatality Review Committee (DDFRC) fatality reviews held within three months of receipt of the investigative report from DHS/DDS and determination of the cause and manner of death; and
- Percent of agency employees completing a mass fatality training annually.

These metrics are monitored and reported upon on a quarterly basis and the year-end results are included in the PAR. The quarterly monitoring provides the agency an opportunity to make improvements in operations when the measure is not met and to memorialize procedures and standards when the measure is met.

34. Please list any task forces and organizations of which the agency is a member.

The agency and agency staff are members of the following task forces and organizations in the capacity stated:

- National Association of Medical Examiners (accredited)
- American Board of Forensic Toxicologists (accredited)
- International Association for Identification – Forensic Photography Certification
- International Association for Identification (membership)
- American Academy of Forensic Science (membership)
- Society of Forensic Anthropologists (membership)
- National Institute of Standards and Technology (membership)
- American Society for Quality (membership)
- The Organization of Scientific Area Committees for Forensic Science Anthropology Subcommittee (membership)
- National Medical Association (membership)
- American SIDS Institute – Research Advisory Committee (membership)
- American Foundation for Firearm Related Research in Medicine (AFFIRM) (membership)
- District of Columbia Sexual Assault Response Team (DC SART)
- ARMA International's (formerly known as Association of Records Managers and Administrators); Greater Washington DC Association of Records Managers and Administrators (GWDC ARMA)

- Child Fatality Review Committee (chair and administrative support)
- Developmental Disability Fatality Review Committee (chair and administrative support)
- Domestic Violence Fatality Review Committee (membership)
- Maternal Mortality Review Committee
- Violence Fatality Review Committee

35. Please explain the impact on your agency of any legislation passed at the federal level during FY18 and FY19, to date, which significantly affected agency operations.

There has been no impact on the agency of any legislation passed at the federal level during FY18 and FY19, to date, which significantly affected agency operations.

36. Please identify all electronic databases maintained by the agency, including the following:

- a. A detailed description of the information tracked within each system; and
- b. The age of the system and any discussion of substantial upgrades that have been made or are planned to the system.

The agency maintains the electronic databases outlined below.

*Case Management System (CMS)*

- a. The CMS is used to track each OCME case, from initiation through decedent release, capturing all elements of death investigation and determination of cause and manner of death.
- b. The system has been online for more than a decade and has undergone several upgrades and new iterations. The latest iteration is currently in acceptance testing for immediate deployment.

*PACS (Picture Archiving & Communication System)*

- a. The PACS is a digital radiology platform which stores digitally-captured radiographs from the various modalities at the OCME. It allows complex analysis of radiographs and includes OCME case numbers and decedent demographics for each image.
- b. The system has been online for more than a decade and has undergone several upgrades. The version in use is the most current vendor offering with no plans for upgrade.

*Forensic Toxicology Laboratory Database*

- a. Similar to the OCME CMS, the toxicology database houses toxicology case data for all toxicology cases (OCME and external). It is an MS Access database, designed in-house, used to assign, track, and manage all toxicology processes performed in the laboratory.

- b. In lieu of having a comprehensive LIMS (Laboratory Information Management System), the database has been online for more than a decade, designed and managed by the Chief Toxicologist. The agency has developed and submitted a comprehensive agenda for the procurement and deployment of a true LIMS in the coming fiscal year that will integrate with new and existing instrumentation.

*GigaTrak Asset Tracking System*

- a. GigaTrak is used to track OCME fixed assets, including (but not limited to) all computer hardware (desktop & server), mobile devices (tablets and cellphones), equipment, and vehicles. Information such as procurement details, maintenance schedules, item location, and property disposition are all stored in this system.
- b. The system has been online for three years. The version in use is current, with no plans for upgrade.

*SurgiCare Inventory Management System*

- a. SurgiCare is used to track and manage OCME's consumable and perishable inventories, such as copier toner, body bags, laboratory supplies, and chemicals. It is heavily populated with corresponding information from the PASS procurement system, allowing easier management of vendors and purchase orders, while also providing robust reporting and usage analytics.
- b. The system has been online for five years and has undergone several updates and custom enhancements. The current version is not scheduled for upgrade.

*Qualtrax*

- a. Qualtrax is a quality control and compliance management system used to track and manage many of OCME's processes, policies, and workflows. It is directly related to the agency's accreditation efforts and is managed by the Quality Assurance Officer.
- b. The system has been online for four years and has undergone several vendor updates. The current version is not scheduled for upgrade.

37. Please provide a detailed description of any new technology acquired in FY18 and FY19, to date, including the cost, where it is used, and what it does. Please explain if there have there been any issues with implementation.

During FY18, and thus far in FY19, the OCME realized very little in terms of technological hardware acquisition. However, the agency did procure seven new Dell desktops and five new laptops to meet the requirements of a growing staff. The total cost of these new units was \$9,368.25. In compliance with the District's initiative to migrate all Microsoft Windows 2003 servers to more current platforms, the agency invested approximately \$26,325 to meet this demand. That initiative saw a successful upgrade to not only a newer server operating system, but also one installed on a more reliable – and scalable – hardware platform. The OCME took this opportunity to rebrand the case



management system, formerly called FACTS, to simply Case Management System (CMS), while implementing a small number of operational improvements.

38. Please describe the major activities of the fatality review committees under OCME's jurisdiction in FY18 and FY19, to date.

The main activities for the Child Fatality Review Committee (CFRC) and the Developmental Disabilities Fatality Review Committee (DDFRC) include administration of fatality case reviews, development of findings and recommendations related to such cases and, in FY18, completion of an Annual Report within the required timeframe.

To date, the Maternal Mortality Review Committee and the Violence Fatality Review Committee have not been seated by the Mayor's Office of Talent and Appointments.

- a. Please ask the Mayor's Office of Talent and Appointments to provide information about the appointments, names, terms, vacancies, and wards of residence of the committee members who are currently serving.

Please see the response to Question 28.

- b. Please provide data on attendance for all committee meetings in FY18 and FY19, to date.

Please see the response to Question 28.

- c. Please provide information on committee staffing, including a description of the job responsibilities of all staff. What will be the role of the two new fatality review specialists funded by the Committee on the Judiciary and Public Safety in the FY19 budget?

Current committee staffing and primary roles are outlined below.

1 Supervisory Fatality Review Program Manager

The primary role is to provide overall management (leadership and direction), oversight, and full execution of all services and responsibilities associated with all fatality review functions.

1 Senior Fatality Review Program Specialist

The primary role is to provide assistance in the coordination of activities of all fatality review teams with primary leadership in the coordination of the Child Fatality Review Committee (CFRC) child death review process. This position also takes the lead in identifying cases for review, monitoring Committee findings, issuing official recommendations, and drafting the CFRC Annual Report.

1 Fatality Review Program Specialist

The primary role is to provide coordination of the activities of the Child Fatality Review Committee-Infant Mortality Review (CFRC-IMR) Sub-Committee. This includes

drafting comprehensive case summary reports, compiling detailed meeting minutes, engaging with meeting participants and key stakeholders, and contributing data to the CFRC Annual Report.

## 2 Staff Assistants

The primary role is to obtain and receive decedent records and maintain a record filing system for use in the development of the comprehensive case summary report. The Staff Assistants also provide meeting coordination service in preparing meeting document packages for members, checking members in to meetings, monitoring confidentiality forms, and storing meeting documents as required.

In FY19, two new Fatality Review Program Specialists will be trained as generalists but will have primary responsibility for the coordination of activities of one of the newly established fatality review committees: the Maternal Mortality Review Committee (MMRC) and the Violence Fatality Review Committee (VFRC). Primary responsibilities will include:

- Abstracting information from records based on an in-depth knowledge of and familiarity with terminology, diagnosis, and treatment related to the systems and services involved with the decedent prior to or at the time of death. (This information will be compiled into a comprehensive case summary);
  - Through a comprehensive case summary, providing the Committee with information on the effectiveness of systems and services provided and highlighting policy and practice issues based on the decedent needs, services, and interventions;
  - Providing timely notification of meetings to Committee Members;
  - Ensuring adequate meeting preparation to include development of the agenda, confidentiality forms, detailed meeting minutes, and tracking findings, statistics, and recommendations;
  - Coordinating the Recommendation Sub-Committee meetings regarding the adoption and finalization of recommendations and strategies for agency- and community-based implementation;
  - Compiling data from all reviews and providing assistance to the Committee in writing the Annual Report; and
  - Identifying additional grant funding to support public education and outreach to residents and service providers.
- d. Please provide metrics on the progress of committee goals detailed in annual reports, including information about times that the agency incorporated committee recommendations into its operations.

In the 2016 CFRC Annual Report, the following recommendation was directed to OCME and to date, there has been the following progress on achieving the recommendation:

<b><u>Committee Type</u></b>	<b><u>Recommendation</u></b>	<b><u>Status</u></b>
CFRC	The Office of the Chief Medical Examiner (OCME) in collaboration with the Metropolitan Police Department (MPD) will convene doll reenactment training for its investigative partners to inform the circumstances related to the death. The joint facilitated reenactment education program will include the District’s public safety agencies, the US Attorney’s Office (USAO), and the Office of the Attorney General (OAG).	SUIDI doll kits (containing dolls, field and scene guides, growth charts, found and placed cards and newborn metric conversion tables) were obtained by the OCME in April 2017 and are utilized for all joint reenactments.  OCME will include a SUIDI training module in the Medicolegal Death Investigation Seminar in March 2019 and future seminars. The module will include doll reenactment training.

Committee Goals (not identified in Annual Reports) included:

<b><u>Committee Type</u></b>	<b><u>Goal</u></b>	<b><u>Outcome</u></b>
CFRC	Incorporating statistical reviews into Infant Mortality Review meetings to bring case reviews closer to the date the death occurred	Achieved - in 2017 and 2018, the IMR team was successful in its completion of statistical reviews and was able to review 82 statistical cases of deaths occurring in 2015 and 2016.
CFRC	Grant Funding	Achieved - In 2016 and 2017, the CFRC/OCME was able to secure grant funding through the OVSJG to support community outreach and training of committee members on youth violence prevention. The Committee was also able to partner with the community in its Safe Sleep symposium work.
CFRC	Developing Findings and improving the Committee recommendation process	Achieved - the CFRC brought in national experts from the National Center for Fatality Review and Prevention to train Committee members on how to develop findings and recommendations during case reviews. The Committee also

<u>Committee Type</u>	<u>Goal</u>	<u>Outcome</u>
		adopted the Auditor's SMART model when developing recommendations and as a result has been more intentional in the generation of findings and recommendations during case review meetings.
CFRC	Development of a Maternal Interview Program	In progress - the OCME is partnering with DC Health to develop a Maternal Interview Program with anticipated implementation in FY19 3 <sup>rd</sup> Quarter.
CFRC	Timely Completion of CFRC Annual Report	Achieved - the CFRC completed and approved the 2016 and 2017 Annual Reports by September 30 <sup>th</sup> in accordance with timeframes as outlined in Statutory and Committee Rules and Procedures.
CFRC	Providing timely notification to MOTA with Committee resignations and partnering to identify, recruit and engage potential new members	Achieved - the CFRC staff continue to collaborate with MOTA on member resignations and participate in the new member appointment process.
DDFRC	Timely Completion of DDFRC 5 Year Annual Report	Achieved - the DDFRC completed and approved a 2017 Annual Report spanning 5 years of case reviews. The report was completed and approved by September 30 <sup>th</sup> .
DDFRC	Timely completion of case reviews within 90 days of receiving the mortality/fatality report	Achieved - the DDFRC continues to review cases with 100% accuracy in meeting this requirement.
DDFRC	Providing timely notification to MOTA with Committee resignations and partnering to identify, recruit and engage potential new members	Achieved - the DDFRC staff continue to collaborate with MOTA on member resignations and participate in the new member appointment process.

- e. Please provide information on when OCME declined to incorporate suggestions of the annual reports, and why.

The agency has not declined to incorporate suggestions of the annual reports.

- f. Does OCME work with other District agencies to help incorporate Committee recommendations? If so, please describe how.

Yes, the OCME is partnering with the Office of the City Administrator, who works directly with all agencies on the overall development of incorporating the CFRC recommendations into agency performance plans and monitoring of their progress.

39. Please discuss OCME’s goals for the newly established Maternal Mortality Review Committee and Violence Fatality Review Committee. Have members been appointed to each?

OCME’s Goals for both MMRC and VFRC include:

- To recruit and hire two Fatality Review Program Specialists to support the MMRC and VFRC by January 2019;
- To on-board two new Fatality Review Program Specialists by the end of February 2019;
- To complete orientation and train new staff by mid-March 2019;
- To provide orientation for new MMRC and VFRC members once appointments are official;
- To establish Rules and Procedures once committee meetings commence;
- To complete an assessment of member training needs for both MMRC and VFRC;
- To begin case reviews; and
- To provide a Draft Annual Report for both MMRC and VFRC establishment and progress during calendar year 2018 by September 30, 2019.

Members have not been officially appointed to the MMRC and VFRC to date.

40. How many cases were reported to OCME in FY18 and FY19, to date?

- a. Of those cases, in how many did OCME accept jurisdiction? How many of those cases accepted were autopsied?
- b. Of those cases, how many were declined? How many of those cases declined became storage requests?
- c. How many cremation requests were received in FY18 and FY19, to date?

	<b>FY18</b>	<b>FY19 (as of 1/25/19)</b>
<b>Cases Reported to OCME</b>	3503	1073
<b>Accepted</b>	1290	401
Autopsied	898	265
<b>Declined</b>	1933	604
Declined turned Storage	76	29
<b>Cremation Requests</b>	3208	1040

41. How did the creation of the Medical Examiner Transport Team (“METT”) change or improve upon the agency’s operations in FY18 and FY19, to date?

The creation of the Medical Examiner Transport Team (METT) provided the District the ability to become self-sufficient in body transport without depending on any particular vendor. In addition to the services provided by the previous vendor, which only included body transport, the significant advantage to a METT includes the ability to perform: fleet maintenance, decedent intake and release, fatality management response logistics, post-mortem radiology and identification, supply inventory and tracking, and mortuary QA/QC processes. Furthermore, the formation of the METT fulfills the standards established by National Association of Medical Examiner (NAME) Accreditation Guidelines for proper body handling during day-to-day case response, as well as in a mass fatality.

The agency’s response to death scenes with the use of METT averaged about 40 minutes, which contrasts with the vendor’s approximately 67 minutes. This now leaves the death investigator teams only 20 minutes on the scene without assistance, compared to 47 minutes when the agency used a vendor. The agency’s Key Performance Indicator (KPI) is to respond to 90% of scenes within an hour. The agency has also been able to expand hours and increase the number of decedent releases to funeral homes per hour. This has increased the number of cases released per day from an average of four to up to 12 per day. This results in shorter wait times for families to receive their loved ones.

42. How many scenes did OCME visit in FY18 and FY19, to date?

	<b>FY18</b>	<b>FY19 (as of 1/25/19)</b>
<b># of Scene Visits</b>	932	239

43. How many organ donation requests were received during FY18 and FY19, to date?

	<b>FY18</b>	<b>FY19 (as of 1/25/19)</b>
<b># of Organ Donation Requests</b>	95	34

44. How many post-mortem examinations did OCME perform in FY18 and FY19, to date?

	<b>FY18</b>	<b>FY19 (as of 1/25/19)</b>
<b>Autopsy</b>	898	265
<b>External Exam</b>	357	119
<b>Review of Medical Records</b>	33	16
<b>Non-human Remains</b>	1	1

<b>Anatomical Specimen Disposal</b>	1	0
-------------------------------------	---	---

45. Please list all medical examiner cases in FY18 and FY19, to date, by manner of death and type of case, in the following table:

<b>Manner</b>	<b>Exam Type</b>	<b># of Cases in FY18</b>	<b># of Cases in FY19 (as of 1/25/19)</b>
Accident	Autopsy	408	38
	Autopsy (at hospital)	0	0
	External Exam	98	33
	Review of Med. Rec	23	14
Homicide	Autopsy	145	53
	External Exam	3	0
Natural	Autopsy	272	23
	Autopsy (at hospital)	1	0
	External Exam	254	85
	Review of Med. Rec	10	2
Suicide	Autopsy	50	18
	External Exam	2	0
Undetermined	Autopsy	21	1
	External Exam	0	1
Pending		1	131
<b>TOTAL</b>		<b>1288</b>	<b>399</b>

46. Please describe the agency's activities relating to mass fatality incidents in FY18 and FY19, to date.

As the District entity responsible by statute for coordination of fatality management, the agency conducted or participated in various trainings and exercises throughout FY18, as listed below. Resources and equipment were also purchased and stockpiled to ensure that the agency has a cache in the event of an emergency incident. The mass fatality activities also included updating the agency's Mass Fatality Plan and Continuity of Operations Plan (COOP). The agency also secured capital funding for the procurement of additional vehicles in order to ensure that it has a fleet that is readily available in an emergency incident.

Activities:

- FEMA G-386 Mass Fatality Response Course, February 13-17, 2018
- OCME Continuity of Operations Planning (COOP) Tabletop Exercise, April 12, 2018
- OCME Victim Identification Tabletop Exercise, April 19, 2018

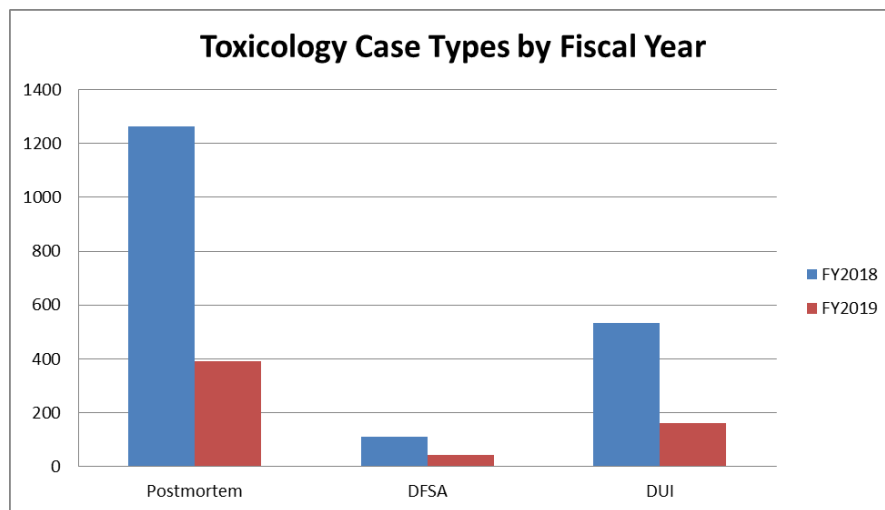
- FBI/OCME Complex Coordinated Attack (CCA) Workshop & Full-Scale Exercise, April 24-25, 2018
- OCME/US State Department National Level Exercise (Atlantic Fury) Tabletop Exercise, April 23, 2018
- OCME/ US State Department National Level Exercise (Atlantic Fury) Functional Exercise, May 7-8, 2018
- OCME/University of the District of Columbia (UDC) National Level Exercise (Atlantic Fury) COOP Full-Scale Exercise, May 10-11, 2018
- OCME Mass Fatality Management Disaster Victim Identification (DVI) Symposium, June 7, 2018
- OCME District Mass Fatality Full-Scale Exercise, June 26-28, 2018
- OCME Disaster Morgue Simulation, July 18, 2018

47. How many cases did the Forensic Toxicology lab test in FY18 and FY19, to date?

The Forensic Toxicology Laboratory tested 2,504 cases in FY18 and FY19, to date.

<b>TYPE</b>	<b>FY18</b>	<b>FY19 (as of 1/25/19)</b>
<b>Postmortem</b>	1264	391
<b>DFSA</b>	111	42
<b>DUI</b>	534	162
<b>Total</b>	<b>1909</b>	<b>595</b>

a. Please provide a chart broken down by types of cases tested in the lab.



b. Please provide information about OCME’s role in the Synthetic Drug Surveillance Initiative, and report on any findings.



OCME no longer participates in the Synthetic Drug Surveillance Initiative. This initiative concluded in FY17.

48. Please report on the findings of the Data Fusion Center in FY18 and FY19, to date.

The Data Fusion Center engaged in numerous new and/or ongoing public health surveillance initiatives in FY18. For example, the Data Fusion Center regularly contributed opioid data to the DC Opioid Working Group and is the most requested source of data from external stakeholders. In addition, the work of the Data Fusion Center is helping to create the District’s Opioid Overdose Dashboard.

In addition, the Data Fusion Center was instrumental in applying for three grants during FY18 and co-managing 3 large national grants: the National Violent Death Reporting System, the Coverdell Forensic Science Grant, and the Enhanced State Opioid Overdose Surveillance Grant. Below is a list of reports that were developed by the Data Fusion Center in FY18 and FY19, to date:

<b>Title</b>	<b>Year</b>
Homicides in the District of Columbia: January 1, 2018 to May 15, 2018	FY18
Opioid-related Fatal Overdoses: January 1, 2014 to October 31, 2018	FY18 and FY19 (monthly)
2017 OCME Annual Report	FY18
2017 OCCME Factsheet	FY18 (yearly)
Fatalities among the DC Undomiciled Population: January 1, 2013 to December 31, 2017	FY18
Comparison of Homicides in 2017 and 2018: January 1, 2107 to December 17, 2018	FY19
Deaths Due to Suicide: 2014 -2016	FY18
The Opioid Crisis in the District of Columbia (Infographic/Poster)	FY18
Deaths of Inmates of a DC Jail: January 1, 2017 to October 6, 2017	FY18
Prescription Opioid Overdoses: January 1, 2014 to December 31, 2016	FY18
Trends in Deaths due to Cocaine Use Compared to Opioids	FY18
DC Violent Death Reporting System Infographic	FY19
2017 Overview of Infant Sleeping Deaths that Occurred in the District of Columbia by Jurisdiction of Residence	FY18

49. How does the agency envision its role in violence prevention, intervention, and response?

The Chief Medical Examiner at the OCME is a well-recognized expert in violence prevention theory and research. He served as Co-chair of the Safer, Stronger Advisory Board that assisted with the development of the Safer, Stronger DC Office of Neighborhood Safety and Engagement (ONSE). He will continue to make himself available to consult on issues that affect the District of Columbia as it relates to violence. As previously described, the OCME will administer and co-chair the Violence Fatality

Review Committee -- a committee dedicated to establishing prevention, intervention, and response system recommendations. Currently, the OCME is engaged in several violence related projects and research. These outcomes will be shared with stakeholders who are responsible for prevention programs and policy.

In addition, the agency collaborates with the DC Department of Health (DC Health) and the Metropolitan Police Department (MPD) on the District of Columbia's Violent Death Reporting System Grant (DCVDRS). The purpose of the grant is to develop a comprehensive depiction of violent deaths (homicides, suicides, and unintentional firearm-related deaths) in the country. Due to the agency's participation in the violent death reporting system, local violence prevention practitioners can use the information generated from the project to guide prevention programs. OCME is an active contributor to project efforts and reports produced. For example, based on data captured by the DCVDRS, the OCME developed an infographic about violent deaths in DC in 2017 and included this information as a special section in the 2017 OCME Annual Report.

50. How does the agency conduct multi-agency reviews of homicides? Please describe any relevant MOUs.

The OCME currently does not conduct multi-agency reviews of homicides outside of the normal course of practice. In the normal course of forensic pathology practice, individual OCME physicians meet with MPD, the United States Attorney, and Public Defender Services for the purposes of the prosecution and defense of homicide cases. In addition, the Chief and Deputy Chief Medical Examiners present relevant homicide cases at Morbidity and Mortality Conferences held at the local trauma hospitals for cases for which they provided treatment. Note that multi-agency reviews of homicides and suicides will occur within the Violence Fatality Review Committee process, which will start in FY19.

51. Please describe the agency's contract with the Wendt Center and the services provided under the contract.

The Wendt Center for Loss and Healing and DC OCME partner to educate and support loved ones of the recently deceased through the grieving process. The Wendt Center also provides support to the OCME staff that is exposed on a daily basis to vicarious trauma. During FY18, the Wendt Center provided services by meeting individually with loved ones during the in-house visual identification process and with OCME staff during monthly group support sessions and individual sessions upon request. During FY19, the Wendt Center will provide group education and support sessions to the community and continue to provide group and individual support sessions to the OCME staff.

52. Please describe the agency's process for handling unclaimed bodies, including where the remains are subsequently buried.

The DC OCME facilitates final disposition of unclaimed decedents by arranging public disposition (cremation and subsequent burial of cremains). Prior to public disposition,

OCME stores each decedent for a minimum of 30 days to allow time for the family to make funeral arrangements. The cremains from FY18 public disposition are scheduled to be buried in Congressional Cemetery on April 27, 2019. There is a city-wide interfaith memorial service being planned for April 27, 2019 for all of the families that can attend.

- a. Please provide information about how many unclaimed bodies the agency has dealt with in FY18 and FY19, to date.

There have been a total of 192 unclaimed bodies that the agency has processed to date: 137 in FY18 and 55 in FY19, to date. Additionally, 93 sets of cremains received during the Austin-Royster Funeral Home investigation were released for burial. The cremains will be buried in Congressional Cemetery on April 27, 2019.

53. Is the agency compliant with Section 211 of the Sexual Assault Victims' Rights Act of 2014, effective November 20, 2014 (D.C. Law 20-139; D.C. Official Code § 4-561.11)?

The agency is compliant with Section 211 of the Sexual Assault Victims' Rights Act of 2014. In FY2018, the agency completed 96.8 percent of DFSA casework within 90 days of submission (Section 202 of § 4-561.11) and continues to publish the time it took each sample to be processed in the OCME annual report (Section 211 of § 4-561-11).

54. How does the agency envision its role in preventing opioid misuse and overdose-related deaths?

- a. Please discuss the agency's partnership with the Department of Forensic Sciences to develop a new syringe testing program where DFS collects and tests the syringes found at the scene of the overdose.

The OCME has been instrumental in providing timely and accurate data surrounding deaths associated with opioid crisis in the District of Columbia. Part of this work was the development of the syringe testing program for the District. In several cases, the syringe used for injecting opioids was left on the death scene. These discarded syringes were not being tested. The syringe-testing program ensures that syringes left on scenes of death are tested for new and emerging drugs of abuse by the Department of Forensic Sciences.

The OCME is also a participant in the District-Wide Opioid Working Group convened by the Department of Behavioral Health and DC Health. The role of OCME is to provide all mortality data, as well as act as a thought leader surrounding policy and program development. All information generated is used to influence mortality and morbidity in the District of Columbia.

55. Please discuss how the agency's new case management system, the Forensic Analytic Case Tracking System, improves agency operations.

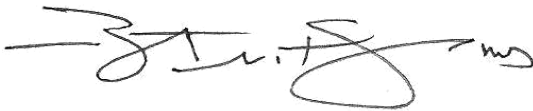
During the second quarter of FY18, the OCME decommissioned the Forensic Analytic Case Tracking System (FACTS) and rebranded it as the Case Management System

(CMS). This process included a transfer of all database tables, forms, and reports, as well as decades of historical data. Additionally, the agency included a new analytics dashboard that improved the reporting mechanisms available to departmental managers. This new functionality improves the timeliness and availability of actionable metrics used by the Chief Medical Examiner. Other new features include the addition of digital signatures to investigative and autopsy reports, as well as enhancements to administrative auditing.

56. Please provide an update on the agency's partnership with Howard University's School of Medicine for residents to rotate at the agency as part of their residency program.

The agency re-established the partnership with Howard University's School of Medicine in August 2017. Since then, OCME has hosted three pathology residents and numerous medical students.

Sincerely,

A handwritten signature in black ink, appearing to read "Roger A. Mitchell", with a stylized flourish at the end.

Roger A. Mitchell  
Chief Medical Examiner

CC: Office of the Deputy Mayor for Public Safety and Justice  
Office of Policy and Legislative Affairs